

National Diabetes Foot Care Audit Third Annual Report

England and Wales

Published 14 March 2018

The National Diabetes Foot Care Audit (NDFA) measures care structures, patient management and care outcomes for people with diabetic foot ulcers.

This is the third annual report and includes data on 19,453 patients who underwent first expert assessments between 14 July 2014 and 31 March 2017 for 22,653 new ulcer episodes, at 189 specialist foot care services.

... commissioners

should work with local providers to ensure pathways meet NICE guidelines

The audit recommends...

... services

should establish local pathways that minimise the time taken to be seen by a specialist foot care service

People with diabetes

If you have poor circulation or loss of feeling in your feet, seek advice about how to prevent foot ulcers.

Healthcare professionals

Participate in the NDFA to take part in this nationwide drive to improve outcomes for diabetic foot disease.

Commissioners

Ensure your local services have an easily accessible diabetes specialist foot care team.

Care structures



Commissioner survey

Are the NICE recommended structures for diabetic foot care in place?

No. Less than half of commissioners (47 per cent) provide all three care structures.

- One in eight (13%) were uncertain about what care they commission.

Are patient outcomes associated with care structures?

Yes. Where there was a rapid referral for assessment pathway patients had:

- Shorter times to assessment (≤ 2 days: 21 vs. 16 per cent)
- Fewer severe ulcers (43 vs. 48 per cent)
- Better outcomes at 12 weeks (Alive and ulcer-free: 50 vs. 47 per cent).

Patient management and outcomes

The time to first expert assessment is associated with ulcer severity, healing outcomes and hospital admissions...

Longer times to expert assessment are associated with:

- **more** severe ulcers
- **poorer** healing rates
- **more** hospital admissions, revascularisations, amputations.

Ulcers with a time to first assessment of more than 2 months were more likely to be severe (56% vs. 35-50%).

People with severe ulcers less likely to be healed at 24 weeks (56% vs. 74%).

Healing rates between providers differ by more than 40 percentage points.



People with severe ulcers were more likely to be admitted (61% vs. 40%) in 6 months.

In England & Wales foot ulcers in their first 6 months accounted for 163,471 bed-days.

Within 6 months of referral, 8 per cent of people with foot ulcers underwent re-vascularisation; 7 per cent had a minor amputation; 2 per cent had a major amputation. Severe ulcers were more likely to lead to amputation (14% vs. 4%).