

A black and white close-up portrait of an elderly man with a serious expression, looking slightly to the right. He has short, graying hair and is wearing a dark sweater over a plaid shirt. The background is plain white.

**CCG Quality Assurance Resources
for the Diabetic Foot Pathway**

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An output of the Yorkshire and Humber Diabetic Foot care Task & Finish Group led by Dr Rajiv Gandhi (Sheffield THFT), Dr Judith Parker (Greater Huddersfield CCG), Dr Chris Walton (Y&H SCN Diabetes Clinical Lead) with key contributions from Leanne Atkin (Mid Yorks) and Laura Fargher (Diabetes UK).

Drafted by Matt Greensmith

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1 Introduction

Amputation in diabetes remains one of the most feared complications of diabetes and across the UK there is still an unacceptable level of variation in both the care provided to people with diabetes and foot problems, as well as in the rates of amputation. In order to reduce this variation, it is key that commissioners and providers work together to develop effective and appropriately resourced local pathways, as well as metrics to determine whether the care being provided is fit for purpose.

This document brings together some key components of a diabetic foot pathway quality assurance framework to enable stakeholders to consider how local diabetic foot pathways provide timely, effective care to individuals with diabetes.

The Yorkshire and Humber Diabetes SCN established a task and finish group to develop a resource which supported the self-assessment of diabetic foot pathways across localities in Yorkshire and the Humber. The process identified a common gap in quality assurance across the region.

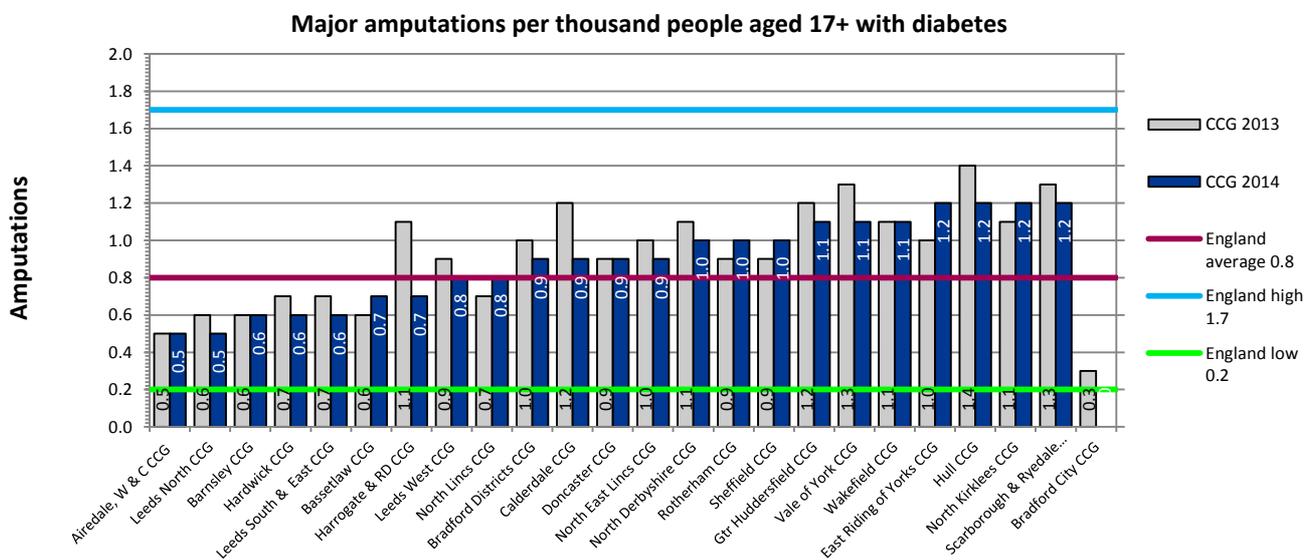
This document brings together metrics, standards of education and competency and highlights other resources and data that can underpin the quality assurance of local foot pathways.

2 Y&H Footcare Activity Data

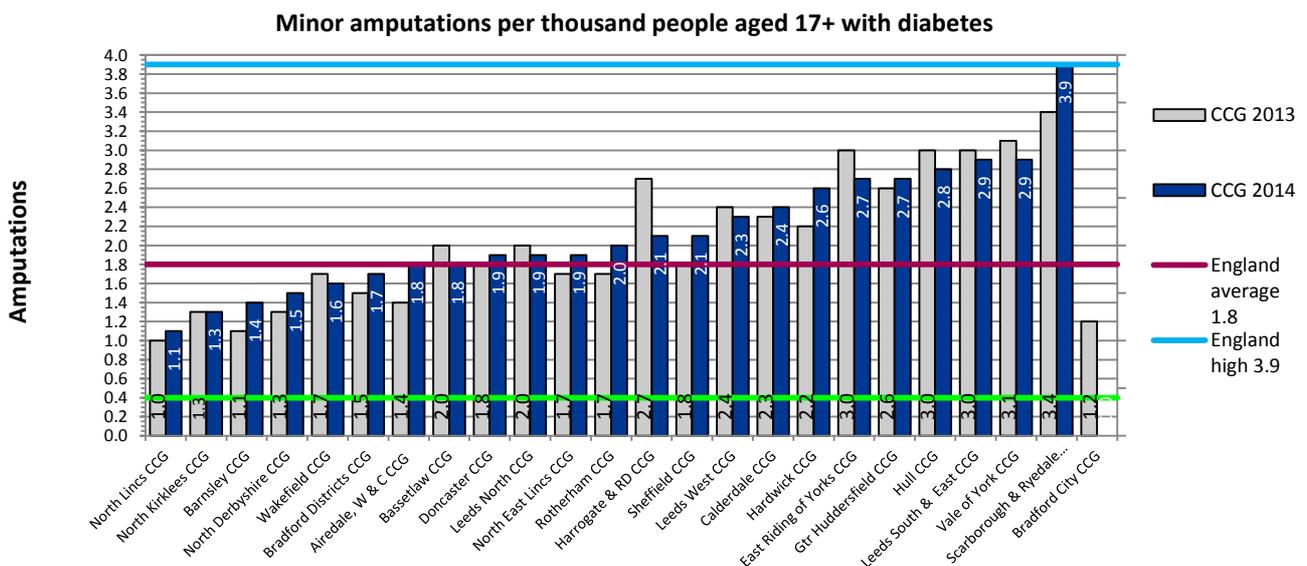
The National Cardiovascular intelligence network publishes footcare activity profiles which provide information on the inpatient care of people with diabetes who are admitted to hospital for a range of footcare conditions. They help those involved in the provision of this care to understand the scale of activity and relate this to similar Clinical Commissioning Groups (CCGs) across England. The CCG foot care profiles can be downloaded at <http://www.yhpho.org.uk/diabetesprofilesfoot/default.aspx>

The following charts collate minor and major amputation data from the activity profiles for 2013/2014 by CCG in the Yorkshire and Humber footprint. Many CCGs in Yorkshire and the Humber have amputation rates significantly in excess of the national average which emphasises the need for robust quality assurance processes.

Collated Y&H Major Amputation data by CCG 12/13 -13/14 comparison



Collated Y&H Minor amputation data by CCG 12/13 -13/14 comparison



[All Yorkshire and Humber collated Foot care activity profile data is available here.](#)

3 High Quality Care in Diabetic Foot disease - achieving and measuring quality

The impact and burden of diabetes in the UK is well known. For patients with diabetes, one of the biggest challenges remains access to high quality integrated care; this is especially true for foot care. There remains unacceptable variation in both service provision and outcomes. Within Yorkshire and Humber, this was recently evidenced by a survey of local service provision and the national foot care activity profiles.

Whilst a lot of work has been done on what constitutes best practice and the service specifications for integrated foot care (by organisations like NICE and Diabetes UK, amongst others), one of the challenges for both commissioners and providers is to understand the effectiveness of their local care pathways. It is not enough to have the appropriate structures in place. Foot care pathways are complex healthcare systems that cross organisational structures. These structures often create barriers within the patient journey and are leading to unnecessary amputations. Most current measures of diabetes foot care fail to measure the quality and effectiveness of these care pathways e.g. QOF may measure the number of patients at risk of foot ulceration, but lacks information on whether these patients are given appropriate education or referred to the foot protection team.

To address this issue, the Yorkshire and Humber Diabetes Strategic Clinical Network Foot Group has developed a consensus on what core quality standards that commissioners and providers should expect of their local foot care service. The aim of this document is to provide guidance on the metrics that will inform on how the service is performing against these quality standards and potential sources for this data. Some of these metrics will be easy to gather as they form part of reports already being collected. Others will require putting into place systems to collate information already being held in different databases within an area. Finally, some may require the need to set up local audits or surveys.

Finally, it is important that performance against these quality standards is carried out on a regular basis to monitor progress/ improvement. The aim should be to generate a regular report that would allow identification of what areas need ongoing focus for further service improvement.

4 Core Quality Standards for Diabetes Foot Care

Quality Standard	Metric	Potential Sources
<i>Patient Education and Information</i>		
All patients with diabetes should be given appropriate education and written information on good foot care	% of patients given appropriate education	<ul style="list-style-type: none"> • Patient survey • Local audit
<i>Assessment and Identification of Risk</i>		
All patients with diabetes should have an annual foot check	% of patients with a record of foot classification and risk classification	<ul style="list-style-type: none"> • QOF
All patients with diabetes with at risk feet (increased or high) should be under the care of the foot protection team (FPT)	% of patients with at risk feet attending the FPT	<ul style="list-style-type: none"> • Number of patients with at risk feet - QOF (denominator) • Number of patients attending FPT - local data (numerator)
All healthcare professionals (HCP) screening patients for foot problems should have attended a training programme in the last 3 years	% of practices that have appropriately trained personnel	<ul style="list-style-type: none"> • Local data e.g. held by local training programme co-ordinator • Survey/ audit of local practices
<i>Access to foot protection teams and MDT</i>		
All patients should have access to a multi-disciplinary footcare team (MDFT) that routinely includes a diabetologist, vascular surgeon, podiatrist and diabetes nurse specialist	<ul style="list-style-type: none"> • Evidence of local arrangements 	<ul style="list-style-type: none"> • Review of local care pathway

The following indicators should be monitored regularly by commissioners to ensure safe, high quality care is being provided.

<p>A clear universally understood referral pathway to the MDFT should be in place</p>	<ul style="list-style-type: none"> • Evidence of local arrangements • % of primary care staff aware of local care pathway • Time between initial assessment by HCP and review by MDFT 	<ul style="list-style-type: none"> • Review of local care pathway (qualitative) • Local survey (quantitative) • National diabetes foot ulcer audit
<p>All high risk patients should be able to directly access the MDFT</p>	<ul style="list-style-type: none"> • Evidence of local arrangements • % of new foot ulcer patients directly presenting to the MDFT 	<ul style="list-style-type: none"> • Review of local care pathway (qualitative) • Local audit/ patient survey (quantitative) • National diabetes foot ulcer audit
<p>All patients who develop a foot care emergency (foot ulcer, Charcot arthropathy etc.) should be reviewed promptly by the MDFT team and within 24hrs if necessary</p>	<ul style="list-style-type: none"> • Time between initial assessment by HCP and review by MFDT team 	<ul style="list-style-type: none"> • National diabetes foot ulcer audit
<p>Patients who are house-bound or in care homes should have a similar level of access to diabetes foot care.</p>	<ul style="list-style-type: none"> • Evidence of local arrangements • % of care home patients under the care of the FPT or MDFT 	<ul style="list-style-type: none"> • Review of local care pathway (qualitative) • Local audit (quantitative)
<p><i>Effectiveness of the MDFT</i></p>		
<p>All patients who develop a foot care emergency should have effective and prompt treatment from the MDFT</p>	<ul style="list-style-type: none"> • % of patients with active ulceration 12 & 24 weeks after presentation • % of patients with new minor or major amputation in the previous 12 months 	<ul style="list-style-type: none"> • National diabetes foot ulcer audit • National diabetes foot care profiles

5 Diabetic Foot Screening - minimum standards of education and competency

Services should ensure all practitioners providing foot screening meet the following minimal standards of education, updates and competencies, in line with NICE Clinical Guidance, (NICE, 2014, NICE, 2011) and, TRIEPodD-UK, (TRIEDPodD-UK, 2012). This includes all practitioners performing diabetic foot screening from Health Care Assistance to experienced specialist Podiatrists.

Practitioner level	Competencies	Education	Frequency	Evidence
Health Care Assistant/Podiatry Assistant	<ul style="list-style-type: none"> Clearly communicates the screening process to the patient Ability to perform diabetic screening in line with national guidelines/local procedures Ability to accurately risk score patients based on results of assessment, using relevant decision making tool Ability to record the results of screening on patient records/systems Able to explain clearly the results of the screening to the patient/carer in appropriate manner Provides up to date verbal and written information relevant to the risk status Aware of, and appropriately uses, local referral pathways 	FRAME e-learning application, (FRAME, 2011).	Annual update Ongoing	Annual appraisal Mentorship % of staff compliant with statement
Qualified Practitioner	<p>As level above plus:</p> <ul style="list-style-type: none"> Ability to complete thorough foot assessment including assessment of vascular supply, peripheral sensation and foot deformity Ability to make appropriate specific referrals for specialist intervention with appropriate risk assessment Aware of local policies/pathways regarding screening, assessment and referral of patients with diabetic foot disease Provides education to other foot screeners 	<p>Professional Registration</p> <p>FRAME e-learning application, (FRAME, 2011).</p> <p>Attendance at relevant Study Day/s, Master class, post graduate education session</p>	<p>As per professional guidelines</p> <p>Annually</p> <p>Every 2 years</p>	<p>Annual appraisal</p> <p>Mentorship/ Coaching</p> <p>% of staff compliant with statement</p>

Specialist/Advanced Practitioner	<p>As above plus:</p> <ul style="list-style-type: none"> • Ability to carry out in depth assessment of diabetic foot • Aware of local and national guidance and policies relating to diabetic foot screening and assessment • Facilitates/organises the training of colleagues • Participates in the development of local services 	<p>Professional Registration</p> <p>FRAME e-learning application, (FRAME, 2011).</p> <p>Attendance at relevant Study Day/s, Master class, post graduate education session</p> <p>Masters module in specialised area/Working towards Masters/Doctorate</p>	<p>As per professional guidelines</p> <p>Every 3 years</p> <p>Every 2 years</p> <p>Ongoing</p>	<p>Mentorship</p> <p>Peer Review</p> <p>Annual appraisal</p> <p>% of staff compliant with statement</p>
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6 References

FRAME 2011. Foot Risk Awareness and Management Education (FRAME).

[NICE NG19. Diabetic Foot problems: prevention and management \(published August 2015\) -](#)

This guideline updates and replaces NICE guidelines CG10 and CG119, and the recommendations on foot care in NICE guideline CG15.

TRIEDPODD-UK 2012. Podiatry Competency Framework for Integrated Diabetic Foot Care.

Root Cause Analysis Tools

Root cause analysis allows stakeholders in local foot services to learn more about the causes of foot amputations within local pathways. They are a retrospective audit looking at amputations identified through clinical coding over a specific period of time. Root cause analysis can inform decision on service development where audit results support the identification of issues on local pathways and may determine whether amputations were preventable.

Common aims of root cause analysis of foot pathways include:

- Assessment of adherence to local foot care pathways
- To support the evaluation of effectiveness of local pathways
- Identification of themes which lead to the delays in diagnosis and treatment
- Analysis of referral times between patient reported symptom onset and first contact with the multi-disciplinary foot team
- To determine whether amputations are preventable

Root Cause Analysis Tools

Below are links to two different Root Cause Analysis Tools.

- [North East Major Amputation Data Collection Tool \(June 2013\) Developed by North East Diabetic Foot care Network](#)
- [NHS Diabetes \(2012\) Advocated Root Cause Analysis Tool](#)

7 National Diabetes Foot Care Audit (NDFA) - background information

The National Diabetes Foot Care Audit (NDFA) will enable all services that treat diabetic foot ulcers to measure their performance against NICE guidance, to monitor patient outcomes and to benchmark against peer units.

The National Diabetes Audit (NDA) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) following advice to the Department of Health from the National Advisory Group on Clinical Audit and Enquiries (NAGCAE).

The NDA is delivered by the Health and Social Care Information Centre (HSCIC), in partnership with Diabetes UK and the National Cardiovascular Intelligence Network (part of Public Health England).

What does the NDFA measure?

The NDFA will answer the following key questions:

- **Structures:** are the nationally recommended care structures in place for the management of diabetic foot disease?
- **Processes:** does the treatment of active diabetic foot disease comply with nationally recommended guidance
- **Outcomes:** are the outcomes of diabetic foot disease optimised?

How is data for the NDFA collected?

Structures of care

Information about structures of care will be collected from CCG and LHB commissioning leads via an electronic form. This element of the NDFA will collect data on whether:

- There is a training programme to for all health care professionals who undertake routine screening to define foot risk in people with diabetes
- There is an established foot care pathway
- There is a pathway showing referral to expert Multidisciplinary Foot Care Team (MDFT) within 24 hours when appropriate

Processes and outcomes

Participating services record information on all new episodes of diabetic foot ulceration. Information about each patient (with their consent), together with the nature and severity of foot ulcer is recorded.

The locally recorded data is linked with data items from the Core National Diabetes Audit and with HES (Hospital Episode Statistics) for England and PEDW (Patient Episode Database for Wales) for Wales and Office for National Statistics (ONS) mortality data.

The total dataset will be analysed to create reports of structures, processes and outcomes of diabetic foot disease treatment for the service. During analysis measurements will be case-mix adjusted for type of diabetes, age, deprivation, and ethnicity; weight, smoking and diabetic complications status using data linked from other sources (mainly the core NDA).

What are the benefits of taking part?

- An easy to use, validated approach to the collection and analysis of quality monitoring information covering all the key interventions and preventable adverse outcomes of diabetic foot disease
- Reliable annual benchmarked (against all services in England and Wales) reports that can be used for service assurance, prioritisation of areas for improvement and measurement of the effectiveness of improvement initiatives.
- Annual national and regional (e.g. Strategic Clinical Network) diabetes foot care audit reports
- Compliance with the expectations of Professional Bodies, Care Quality Commission, Monitor and National Health Service Litigation Authority

Timings of the NDFA 2015/16

Data collection

The NDFA is a continuous data collection, which started in July 2014. Each year there will be a data submission deadline and the first deadline was 31st July 2015.

Data reporting

The first year of NDFA data will be reported in March 2016. There will be national report, regional and service level reports (where more than 100 episodes have been submitted).

Structures audit

The structures audit will take place in September/October 2015 and will be reported alongside the outcomes data in March 2016.

Further information

All guidance and reports are published at www.hscic.gov.uk/footcare
If you would like further information, please email ndfa@hscic.gov.uk

Guidelines, Best Practice and other resources

Nice Guidance

[NICE QS No. 6 "Diabetes in Adults \(Statements 10 & 11\)](#)

[NICE CG119 "Diabetic foot problems – inpatient management of diabetic foot problems"](#)

[NICE NG19. Diabetic Foot problems: prevention and management \(published August 2015\) -](#)

This guideline updates and replaces NICE guidelines CG10 and CG119, and the recommendations on foot care in NICE guideline CG15.

Commissioning

[Diabetes UK "Putting Feet First – Integrated Care Pathway"](#)

[NHS Diabetes: Commissioning Diabetes Foot care Services](#)

[London SCN Foot Care Service Specification](#)

Diabetic foot screening – e learning course

An introduction to the assessment and management of the diabetic foot, with a focus on recognising a "Foot Attack" and when and how to make an urgent referral to specialist diabetic foot services

<http://www.elearningrepository.nhs.uk/content/diabetic-foot-screening-v20>

(Prior registration on the NHS e-learning repository is required.)

[London SCN Foot Care Service Specification](#)