



DIABETES AND PODIATRY

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About the All Party Parliamentary Group for Diabetes

The All-Party Parliamentary Group for Diabetes (APPG Diabetes) is a nonpartisan cross-party interest group of UK parliamentarians who have a shared interest in raising the profile of diabetes, its prevention and improving the quality of treatment and care of people living with diabetes.

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Vera Labelle, Practice Nurse

Ben Moody, Head of Programme, Health and Social Care, Tech UK

Reports published by the APPG for Diabetes

- Emotional and Psychological Support for people with Diabetes (2018)
- Next Steps for the Childhood Obesity Plan (2018)
- Diabetes Transformation Fund (2018)
- Safety and Inclusion of Children with Medical Conditions at School (2017)
- Industry Action on Obesity and Type-2 Diabetes (2017)
- Levelling Up: Tackling Variation in Diabetes Self-Care (2016)
- Taking Control: Supporting People to Self-Manage their Diabetes (2015)

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Key diabetes facts

- In the UK an estimated 4.6 million people across the UK are living with diabetes.
- An additional 1.1 million people are expected to have diabetes but undiagnosed, this is primarily Type-2 diabetes.
- Since 1996 the number of people diagnosed with diabetes has doubled, from 1.4 million to 3.8 million.
- Of those 4.5 million in the UK diagnosed with Diabetes it is expected that 10% have Type-1 diabetes and 90% have Type-2.
- When looking at genetic predisposition more than 85 per cent of Type 1 diabetes occurs in those with no previous first degree family history, the risk among first degree relatives is about 15 times higher than in the general population.
- The risk of a child developing diabetes if their mother has it is about 2–4 per cent higher than the average, if the father has it is 6–9 per cent higher and if both parents have the condition is up to 30 per cent higher than average.
- Type-2 diabetes can also be affected by genetics have a genetic pre-disposition. Those with diabetes in the family are 2-6 times more likely to develop the condition than those without history in the family.
- Diabetes is a condition which is expected to affect 1 in 10 people globally by 2040, equalling 642 million. This will put diabetes on a par with the number of people being diagnosed with cancer by 2040.
- Although diabetes is a globally recognised condition and is treated seriously, there is expected to be 1 in 2 adults across the world undiagnosed with Type-2 Diabetes. The International Diabetes Federation (IDF) has estimated that in 2015 seven countries have more than 10 million people with diabetes; China, India, USA, Russia, Indonesia, Mexico and Brazil.

Diabetes and Podiatry

A session of the All-Party Parliamentary Group for Diabetes took place on the 10th May 2018 on Podiatry to discuss how early detection and treatment can prevent amputations for people with diabetes.

Key witnesses were;

- **Professor Paul Chadwick – Clinical Director, College of Podiatry / Lawrence Ambrose** - Head of Policy and Public Affairs.
- **Professor Roger Gadsby** - National Diabetes Audit and member of the NDFA Advisory Group
- **Beverly Harden** - Health Education England
- **Paul Heathfield-Jones** - **Advanced Podiatrist Foot Management, Leeds CCG**
- **Gillian Osborne**, Senior Practitioner and Pathway Lead in Podiatry, Leeds CCG
- **Dr Elizabeth Martin** - GP, Leeds CCG (Special interest in Diabetes)
- **Serena Stubbs**, Orthotist

Professor Paul Chadwick – Clinical Director, College of Podiatry / Lawrence Ambrose from the College of Podiatry

“Integral to the whole system is the podiatrist who leads the foot protection service and acts a navigator for the patient from primary care to tertiary care, playing a role at each stage” – Professor Paul Chadwick

Podiatrists work across the patient’s lifecycle from childhood to older age; across primary care, community health services, residential care, domiciliary and acute care. A key element of Podiatric Medicine is to address the health of the whole person rather than focussing solely on the foot and the lower limb.

It is vital that people with diabetes avoid foot ulceration. NHS England need to influence **Sustainability and transformation partnerships (STPs) & Clinical Commissioning Groups (CCGs)** to ensure a fully functioning integrated Foot Protection Service and Multi-Disciplinary Foot Services are in place. Preventing foot ulceration & re-ulceration will reduce hospital admissions, save money and decrease the risk of amputation of those at moderate and high risk.

Recommendation 1: All staff who undertake diabetic foot screening should undergo standardised mandatory Diabetic Foot screening training which is not the current position.

Professor Roger Gadsby - National Diabetes Audit, Member of the NDFA Advisory Group

Recent NICE guidelines from 2015 recommend that the following care structures are in place for the management of diabetic foot disease;

1. Training for routine diabetic foot examinations.
2. An established Foot Protection Service pathway.
3. An established New Foot Disease pathway for referrals so that new foot ulcer problems can be assessed within 24 hours by experts.

The 214 CCG's were asked if they had these three structures. 87% responded. Less than half of commissioners provide all three.

The National Diabetes Foot audit shows that this matters. The longer a person with diabetes has a foot ulcer before they see experts, the worse is that ulcer, the longer it takes to heal, the more hospital admissions there are and the more amputations and hospital bed days occur.

Recommendation 2: *All Clinical Commissioning Groups (CCG's) need to provide all 3 care structures for the diabetic foot, as recommended by The National Institute for Health and Care Excellence (NICE).*

Beverley Harden, Health Education England

"A radical upgrade in prevention – primary, secondary and tertiary prevention, requires that we do prioritise saving the limb" - Beverley Harden

There is an increase in amputations, from 2010 to 2017 from 85 per week to 135 per week. This number further increased to 165 per week according to the 2018 Diabetes Footcare Activity Profile. However the number of NHS Podiatrists remain static. There is evidence that the majority of investment is in acute hospital pathways, but prevention is in the community services. Prevention is the key, so research is needed to evidence the impact of workforce delivering broad prevention and early treatment.

The College of Podiatry and Health Education England are working to support affordable, safe, dynamic workforce to meet UK's foot health needs. Attention needs to be given to the training and support of workforce to prevent large scale exodus from the public sector. Reducing the prevalence of severe ulcers by a third, would save the average CCG £1 million a year.

Recommendation 3: *Recalibrate services to pay attention to early and sustained prevention and not simply treatment. Prevention is the key.*

Paul Heathfield-Jones - Advanced Podiatrist Foot Management

Gillian Osborne, Senior Practitioner and Pathway Lead in Podiatry

Dr Elizabeth Martin – General Practitioner

“Treating the whole of the patient, not just the hole in the patient”- Paul Heathfield-Jones

Leeds adopted a whole systems approach bringing together people from organizations across the city to share expertise and knowledge, build networks and facilitate change for what was needed to reduce the burden of diabetic foot disease, which was resulting in high numbers of minor amputations and excess bed days. The Leeds Institute for Quality Healthcare was funded by the Diabetes Transformation Fund. They identified: gaps in foot screening and onward specialist referral in Primary Care due to lack of training, missed opportunities to empower patients to understand the importance of self-care and need for timely interventions, inadequate provision of specialist podiatry in the community.

A Foot Protection Service was set up with a focus on prevention and support for all health and care workers who were seeing people with diabetes as well as supporting the patients themselves. This ensures quality screening and individual patient care. Through this fund, full time staff have been hired resulting in increased numbers of patients being seen. Primary care facilities have been improved to prevent the number of acute patients and ultimately amputations and hospital stays, which has seen a great improvement in Leeds.

Recommendation 4: Leeds Clinical Commissioning Group successfully bid for funds for a dedicated Foot Protection Service. This excellent example needs to be acknowledged and adopted in the rest of the country.

Serena Stubbs, Orthotist /Prosthetist

A biomechanical assessment combines a clinical assessment together with a gait analysis and can take various forms. The objective of a Biomechanical Assessment is to identify any dysfunctional body movement that affects the way one walks or runs. The assessment often results in recommendations for exercise, footwear advice and foot orthotics, which can in turn prevent the exacerbation of diabetic foot diseases.

Gait analysis can now be supported by the use of 'mobile' computer technology such as 2D video analysis and dynamic pressure plate data capture, which help to gather both objective and subjective information. The use of these technologies provides visual feedback to the patient helping to educate and improve compliance with treatment. The Biomechanical Assessment together with the use of computer technology could be instrumental in reducing the rate of foot ulceration in diabetic patients.

Recommendation 5: Biomechanical Assessment is an important gateway that assists in early recognition thus reducing the progression of other conditions, supporting people to remain functional and active for longer. This practice should be integrated within the NHS. The NHS should develop strategies to ensure that every diabetic patient should benefit from this assessment.