

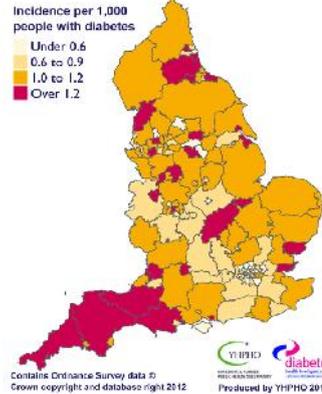
# HES data, patient experience and local statistics in diabetes foot care in the South West- can peer reviews of diabetes foot care services improve outcomes?

R B Paisey, D Browne, M Bamford of the South West Strategic Clinical Network (Cardiovascular)

## Introduction

### Major amputation rates in people with diabetes

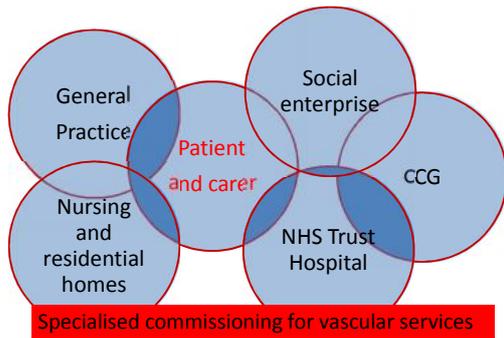
Sources: The Quality and Outcomes Framework (QOF) 2007/08 to 2009/10  
Hospital Episode Statistics (HES) 2007/08 to 2009/10  
The NHS Information Centre for health and social care



### Excuses or challenges!

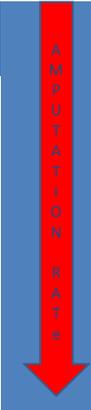
- Age
- Ethnicity
- Legacy effect
- Rural population
- Lack of detail

## Results 1 heterogeneity of service provision



## Results 3 service provision and outcome

centre	Data base	MDT	Orthotics In clinics	Pod lead for foot service	Com podiatry
1	+	+	+	+	+
2	+	+	+	+	+
3	-	+	+	-	+
4	+	+	+	+	-
5	-	+/-	-	-	+
6	-	+/-	-	-	+
7	-	-	-	+	+
8	-	-	-	-	+
9	-	-	-	-	+
10	-	-	+	-	-



## Conclusions-the necessary service provision

- Patient education at Practice annual review
- Rolling education programme for community health care professionals
- Adequate community podiatry numbers and skill mix and rotation into MDT
- Job planned MDT weekly
- Admin and IT support
- Pathways and communication
- Identification of diabetic in-patients and their foot checks
- Orthotist an integral part of MDT
- Vascular presence in Spoke Hospitals
- Ulcer data base and root cause analysis 3 monthly of all amputations

## Aims

- To make multidisciplinary team peer review visits to all 11 CCGs (14 acute trusts) in the SW 2014-2015
- To chart progress from previous NHS Diabetes reviews 2012-2013

## Methods 1-preliminary information

### Acquisition of preliminary information including:

- Report of previous NHS Diabetes review
- Within area variation in amputation rates
- CCG and MDT patient and staff profiles
- Pathways and guidelines
- Historical HES data

## Methods 2- the visit

### Reviewers-Podiatry leads; diabetologists; surgeons; SW SCN Quality Improvement Lead

- 4 patient interviews
- 10 case note reviews
- Primary care and CCG perspective
- Community podiatry provision skill mix and waiting times
- MDT and Hospital staff and facilities
- Admin support and communication

## Results 2-Good Practice

- Practice referral of all high risk patients
- Virtual clinics and community staff education
- Summary sheets for new ulcer cases
- Accessible electronic records
- Early curative surgery for osteomyelitis
- Podiatrist prescribers
- Integrated care pathways and liaison
- Orthotics available and prompt
- Vascular surgery support to Spoke Hospitals

## Results 4 changes from 1<sup>st</sup> to 2<sup>nd</sup> review

- All 14 Trusts visited
- 8 have increased podiatry staffing
- 6 have consolidated or started MDT's
- 6 rotate podiatrists between community and MDT
- 5 have job planning for MDT team
- 8 have rationalised information trails
- 2 have sufficient A&C and IT support

## Results 5-changes from 1<sup>st</sup> to 2<sup>nd</sup> review

- 4 of 12 Trusts/community areas have maintained good major amputation rates
- 4 of 12 Trusts/community areas have improved to below national average major amputation rates
- All areas have begun to organise a rolling programme of education for community and primary care staff