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Can we explain the differences in amputation rates in different geographical populations in the English NHS?

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NHS Diabetes together with the York and Humber Public Observatory published data looking at different aspects of diabetes care & complications across England. This data showed wide variation in both minor and major amputation rates. We conducted a survey of the 10 best (group A) and 10 worst (group B) PCT's in relation to major and minor amputation rates to detect possible reasons for this variation. A telephone survey was conducted with information gathered from the provider trust for the PCT's. Initial contact was with SpR's in Diabetes, then Specialist Podiatrists within the team. A structured proforma with a set questionnaire was used. Results: All except one hospital had a multidisciplinary foot clinic. Only 3 hospitals included a diabetes SpR in the team. Group B hospitals had the lowest frequency of foot clinics per week. All hospitals serving group A PCT's provided multiply clinic sessions. Group A hospitals used multiply bespoke casting methods as first line off loading, whereas group B hospitals used 'walkers'. Interestingly every site reported close links with vascular and orthopaedic departments. Discussion: Whilst our findings are indicative only they are pointers to areas of further study that may confirm or refute their contribution to variations in amputation rates. Our survey would suggest that ease of access to frequent specialist diabetic foot clinics with rapid response times clearly favours fewer amputations. Furthermore use of "walkers" only for off loading is associated with high incident of amputation. Worryingly the paucity of doctors in specialist training participating in Specialist foot clinics suggests that there may be a limitation of medical expertise available for what is in personal and financial terms a most important diabetic complication in the future.