

## [PO2] INITIAL RESULTS OF THE NATIONAL DIABETES FOOTCARE AUDIT OF ENGLAND AND WALES

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**Aim:** There is evidence of considerable variation in the outcome of disease of the foot – both within and between countries. Systematic audit is required to document the extent of variation and can therefore be a key tool in improving overall quality of care. This report presents details of experience gained in the first 12 months of the National Diabetes Footcare Audit (NDFA) of England and Wales.

**Method:** The NDFA was launched in July 2014 with the aim that all specialist services might eventually participate. Each is asked to recruit as many as possible of all newly presenting episodes of foot ulceration and to enter key information on-line. Core demographic information on their diabetes history is obtained centrally by database linkage and does not need to be specifically gathered; the only data submitted are (a) the time elapsed between first presentation to a health care professional and first assessment by an expert, (b) the type and severity of the index foot ulcer using the SINBAD system and (c) a single measure of clinical outcome – being alive and ulcer-free at 12 weeks and at 24 weeks. Further outcome data (including hospital admission, incidence of amputation and later mortality) are obtained by electronic linkage to national databases of hospital activity and population statistics.

**Results/Discussion:** 5215 ulcer episodes (in 5015 people) were registered by 129 specialist clinical services in the first nine months. When the foot ulcer population was compared with the core national diabetes population, there were more males (70% vs 56%), mean age was higher (67 vs 64 years) and there were fewer people of Asian extraction (3% of T2DM vs 10%). 2804 index ulcers (53.8%) were graded less severe (SINBAD score <3) while 2411 (46.2%) were graded more severe ( $\geq 3$ ). Statistically significant relationships were observed between the time to first assessment and ulcer severity, between the time to first assessment and ulcer-free survival at 12 weeks and between ulcer severity and ulcer-free survival at 12 weeks. The outcome was significantly worse when the delay to first expert assessment was 14 days or longer.

**Conclusion:** These initial results confirm the feasibility of undertaking nationwide online audit of foot ulcers and the early results provide strong support for the current recommendation that all newly occurring ulcers should receive early referral for expert assessment. When numbers are greater and outstanding outcome data are available, it will be possible to make case-mix adjusted comparisons of outcomes between different health economies and geographical areas as well as between individual specialist services.