

National Institute for Health and Care Excellence

Diabetic foot (update)

Stakeholder Comments – Draft Guideline

NOTE:

NICE is unable to accept comments from non-registered organisations or individuals. If you wish your comments to be considered but are not a registered stakeholder, please register via the [NICE website](#) or contact the [registered stakeholder organisation](#) that most closely represents your interests and pass your comments to them.

Please fill in both the ‘stakeholder organisation’ and ‘name of commentator’ fields below in order for your comments to be considered.

Stakeholder Organisation:		<u>DIABETES UK</u>		
Name of commentator:				
Comments on the draft recommendations				
Order number <small>(For internal use only)</small>	Document	Page Number	Line Number	Comments
	Indicate if you are referring to the Full version NICE version or the Appendices	Indicate number or ‘general’ if your comment relates to the whole document	Indicate number or ‘general’ if your comment relates to the whole document	Please insert each new comment in a new row. Please do not paste other tables into this table, as your comments could get lost – type directly into this table.
Example	Full	16	45	Our comments are as follows
Proformas that are not correctly submitted as detailed in the example above may be returned to you.				
	NICE	General	General	Recognising that 80% of amputations are preventable there should be greater emphasis on preventative models of care
	NICE	9	13	Guidance for commissioners should include the provision of good quality annual foot reviews by competent health care professionals
	NICE	17		This would appear to be a list of the information that everyone with diabetes should receive at an annual foot review – rather than just those “at risk” as the heading implies? We would like to see three headings and lists: - - information and support that everyone with diabetes should receive at annual foot review (survey evidence to Diabetes UK suggests that people do not always get any advice about footcare and prevention at annual foot review) It is most important that everyone is told what their level of risk is and what that means

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				<ul style="list-style-type: none"> - information and support that those at risk should receive at annual foot review (if relevant) and from foot protection service - Information and support for those with an active foot problem
	NICE	23 - 25	General	It is disappointing that there are not recommendations to encourage more research focused on prevention and care outside of hospital. For instance, generalised prevention mechanisms such as issue of insoles to low and increased risk, improved skin care/tissue viability to reduce callus. Also research into the most effective education models for people with diabetes.
	NICE	13	1.2	<p>This may not be the correct heading as this should include people's own homes where required and in residential care – these are not “healthcare settings” as such.</p> <p>The list that follows might specify residential and domiciliary settings (as on page 55 in full guideline)</p>
	NICE	17	1.4.1 and 1.4.2	We are concerned that there is no guidance on timescales for actually assessing and treating an acute foot problem – the 2011 guidance on referring within 24 hours for triage is the only guidance here and has not been updated. We would like to see it made clear that people should be assessed and treated within 2 working days if they have active foot disease which is an acute emergency – this is specified in some local protocols, but should be recognised as a clear recommendation here, in order to remedy the wide variation in outcomes for people with diabetes.
	Full	General	General	Prevention – whilst the guidance is titled the “prevention and management” of foot problems, there is very little about prevention of foot ulcers in the guidance. Neither is this flagged up as a priority area recommended for research. In the view of Diabetes UK this should be a priority. Ulcers precede about 80% of all amputations in people with diabetes, have a considerable impact on quality of life and are costly to the NHS. Guidance should be provided about foot protection including provision of orthoses, adapted footwear and education to people at risk of diabetes foot problems.
	Full	21	42 - 43	The Multidisciplinary Foot Care Service – we support the move to call this a service, but feel there should be some reference to the need for the various HCPs listed to be working together as a team.
	Full NICE	21 13	40 1.2.2	Should say biomechanics / orthotics as in multidisciplinary foot care services below
	Full NICE	25 19	17 1.5.4	The word “moist” should be removed here – we suggest it could just say “wound dressings as appropriate”
	Full	23	27/28	Add prophylactic insoles
	Full	24	9	And advice about insoles
	Full	25	17	Add - prescribe a device to keep their dressing dry while bathing or showering
	Full	18	9	Whilst it is recommended that hospitals have a care pathway for people with <u>diabetic foot problems</u> and that adults with diabetes should have their risk assessed of developing a diabetic foot problem on any admission to hospital (line 28), there is no recommendation made about the action to be taken for people assessed to have medium / increased risk. We would urge the inclusion of a recommendation to ensure foot protection for inpatients

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				assessed at increased risk of foot problems. The National Diabetes Inpatient Audit (NADIA) in 2013 revealed that 1.4% of inpatients with diabetes developed a new foot lesion whilst in hospital. The Scottish Inpatient Diabetic Foot Audit in November 2013 revealed that: 2.4% of inpatients with diabetes developed a new foot lesion whilst in hospital, 60% who were discovered to be at risk of developing a foot ulcer did not have any pressure relief in place. In response to this the Scottish Diabetes Foot Action Group (SDFAG) has developed and launched a Check, Protect and Refer (CPR) for diabetic feet campaign to raise awareness of this problem and introduce appropriate pressure relief to prevent avoidable foot ulcers.
	Full	25	29 and 34	The use of the word “consider” here implies that there are data supporting NPWT and skin substitutes. In the evidence part of the document and indeed in the call for further research it is clear that there is not. There is some but not a lot of good evidence for NPWT in post-surgical wounds but none for chronic wounds even post “debridement”. Cochrane has come to a view that the evidence to support the use of NPWT is poor and there is certainly no cost effectiveness data in the UK. If this recommendation to consider NPWT remains it should be restricted to post-operative wounds.

Please add extra rows as needed.

Comments on implementation	
If finalised, which recommendations would be the most challenging for users to put into practice? Please say for whom and why. And what would help users overcome these challenges? (Such as existing practical resources or national initiatives, or examples of good practice).	
Recommendation Number	Comments

Please add extra rows as needed.

Please email this form to: DiabeticFootcare@nice.org.uk

Closing date: 5pm, 4 March 2015

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