

Diabetes Foot Care in Cornwall

FINDINGS OF FOCUS GROUPS HELD BY KERNOW CLINICAL COMMISSIONING GROUP APRIL 2014

Kernow Clinical Commissioning Group are working with Diabetes UK to give local people living with diabetes a chance to influence the diabetes foot care services that they receive. In April 2014, 3 focus groups were held to explore people's views and experiences of foot care services and how they would like to see the services improved. Some feedback was also received by email and telephone from those who were unable to attend the meetings.

This report presents the findings from the focus groups and interviews.

KEY FINDINGS

The below summarises the key themes arising from the focus group discussions, telephone interviews and email feedback. Full details of all of the feedback received can be found as an appendix to this report:

Foot checks

The majority of people spoken to have their feet checked annually by the nurse (either Practice nurse or DSN) at their local GP surgery; however a few people were identified as having not ever received foot checks, or for having gone longer than a year in between foot checks. Additionally, there was a general feeling amongst participants that foot checks should be more regular than once a year for low risk patients as well as medium-high risk patients, ideally once every 6 months.

Whilst some people were satisfied with the checks received at foot care appointments at their GP surgery, issues raised included the checks not being thorough enough, not listening to patient concerns and not explaining outcomes. In general, where people were receiving foot checks from their podiatrist, patients were very happy with the services received; however they would like to see better communication between the podiatry service and their GP.

There were some inconsistencies identified in what checks people receive at foot appointments, with some people stating that their pulses are not checked at their annual appointment with the nurse, only sensations (with needle).

Specialist vs. GP

There was a general feeling amongst participants that the foot check service provided by a nurse at the GP surgery is inferior to a foot check carried out by a podiatrist and therefore people would rather visit a podiatrist for foot checks. In the most part this was a result of patients who used to be seen by a podiatrist, generally at a hospital clinic, who then had their foot checks transferred to the GP surgery. People felt that the checks carried out by the nurse are not as thorough as those done by the podiatrist and that the nurses don't always have enough specialist knowledge to answer questions on foot care.

In general people spoke very highly of the Diabetes Nurse at their GP practice and particularly about being able to phone if there were any issues. However, with foot care, people said they had felt rushed when seen by the nurse, and that symptoms or other issues weren't explained clearly.

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A number of people raised general concerns about limited staff knowledge of diabetes at their GP surgery, including doctors and nurses. The majority of concerns related to the perceived outdated knowledge of nurses and clinicians and that information given by these professionals was often inconsistent.

A number of people also expressed concerns about the removal of a nail cutting service from the foot check appointments as they felt that this is a crucial part of foot care. This was particularly evident in people who felt that they were physically unable to cut their own toenails, or were visually impaired. There was an inconsistency as to whether people were able to have their toenails cut at their foot check if they requested it, with the majority of people being denied the service whilst others given it. Numerous participants stated that they access private chiropody services regularly as they feel that it is the only way of receiving foot care on a regular enough basis. In general, this was for a toenail cutting and filing service, which people highlighted that they would like to see provided by the NHS as it is essential to their wellbeing.

Access to services

A number of issues were raised about access to foot services. In general, people were happy to go to their GP surgery as it is local to them and therefore convenient. However, there were some suggestions around a mobile unit for podiatry which could travel to more remote locations and would be more easily accessible (as with the retinopathy screening van). Alternatively, several people stated that they would like to see a centralised service where all appointments could be carried out at the same time and in the same vicinity so as to minimise disruption to daily life.

In terms of the times of appointments, most people were happy with the options they currently have; however it was suggested that it would be useful for working people to have more flexible appointment times. Several people brought up the issue of it being difficult to get appointments at the GP surgery, due to reasons such as unhelpful receptionists, significant wait times and DSNs covering a large area. There were also examples where cancelled appointments led to them being re-arranged months after the original (in one instance a four month wait) and in some cases led to waiting more than 12 months for an 'annual' check. Despite this, people praised the immediate access to their diabetes nurse and also to the podiatrist in an emergency situation.

Car parking was cited as an issue at some practices and hospitals, both in terms of the space available and the cost.

Information provided at diagnosis

There was a general consensus that there is a lack of quality information provided for people when they are first diagnosed with diabetes, including how this information is communicated to the patient. In the most part, people would like to receive information from a health care professional in lay terms and in a face to face setting where they would be able to ask questions. It was felt that this is crucial to being informed and able to prevent any foot problems.

A number of people said that they would benefit from a booklet that is individual to them which contains generic information as well as space to note down ongoing information about their own care. It was highlighted where written information such as leaflets and booklets are provided to the patient, this should not be overwhelmingly negative but also contain positive and motivational stories/information. On the other hand, some people mentioned that it had not been made clear to them the importance of looking after your feet and the seriousness of foot complications with diabetes.

One of the key areas of support which people emphasised that they would have liked at initial diagnosis was emotional support, which could be in the form of professional counselling or more informal support provided by peers. Additionally, several people mentioned that it can be difficult to take in information at

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this initial stage so it could be beneficial to be pointed in the direction of further support and perhaps have information which could be accessed at a later date, for example by email or in a DVD format.

Ongoing support

The majority of attendees agreed that they would like to receive more information and education on how to manage their diabetes and look after their feet. Only a handful of people had attended education courses but where they had, these had been very useful and people said that they would appreciate the opportunity to attend similar courses.

People expressed an interest in being able to access foot specialist support in an ongoing way. Some people had telephone access to their podiatrist or diabetes nurse and felt that this was crucial for good self-management of their feet. Others felt that if they could ask questions of a podiatrist at regular appointments then they would be more confident about managing their feet. This was particularly an issue for people who felt that they had received incorrect or unsupportive information from their GP or nurse.

In terms of peer support and other information, participants had largely not received any information from health professionals about where to access this so would like to be signposted at least towards support groups and sources such as Diabetes UK.

Other General Issues Raised

Although our focus was on foot care, on occasion issues were raised that related to general diabetes care rather than foot care specifically. The majority of these issues concerned the lack of information provided about general diabetes care and the need for education, for example through structured education courses.

Other topics raised include:

- Poor quality food and availability for people with diabetes in hospital
- Test strips being taken away/not given enough
- Retinal screening is an excellent service
- Lack of dietary advice and support with losing weight

ACTIONS TO BE TAKEN

NHS Kernow Clinical Commissioning Group will feedback to the Diabetic Footcare Task and Finish Group for consideration of how to implement the findings from this work to improve diabetic footcare. This group meets every 3 months and it looks at how all services can improve footcare for people with diabetes and how we can reduce the rate of diabetic amputations. This group is able to influence education and training for NHS staff, how and where services are delivered and what is delivered and the group consists of the following;

- Vascular surgeon
- Endocrinologist (diabetic consultant)
- Head of podiatry services
- Team lead Diabetic Specialist Nurse
- GP clinical lead for diabetes
- District Nurse representative

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- Head of prescribing services for NHS Kernow
- Team lead for Tissue Viability
- Commissioner
- Education lead for practice nurses

The group will consider what further action will be taken as a result of the findings of this report. However the points below are also actions that we will undertake, or that we are already undertaking to improve footcare services for people with diabetes:

Education for practice staff

NHS Kernow are holding a foot study day in October, the third in a series of education events in Cornwall, designed to focus specifically on diabetic foot care. The study day is aimed at Drs, nurses who work in primary care, community nurses and care home staff. We will take into account the points that people raised about;

- not listening to patient concerns and
- not explaining outcomes.

We will include this feedback in the training for staff at the foot study day and try to ensure all clinicians are aware of how to undertake basic footchecks and why. We will also try to ensure that clinicians and care home staff know where to signpost people to go for further information, if the patient has concerns that the clinicians they are seeing at the time can't answer.

Information

Diabetes UK have just launched some very good information leaflets on how to look after your feet and we will see if we can have these made available to all people with diabetes at their primary care annual foot check and perhaps at the retinal screening as well, as that is a service that people access regularly.

Peer support

There are not many peer support groups for people with diabetes in Cornwall, but there is a group for people with type 1 diabetes that is based out of the diabetes centre at Treliske in Truro. There is also a patient group in North Cornwall. Health trainers and the Diabetic Specialist Nurses in the Helston area are talking to people who are newly diagnosed with diabetes to see if they feel it would be useful to set up their own support group and the success of this project will be reviewed in 6 months' time.

Of course anyone can set up their own support group or friendly group in their own area without the intervention of the NHS and NHS professionals, who will, if they can, try to make themselves available to come along when invited to share information and education.

Access to services

The focus groups reported that it would be useful for working people to have more flexible appointment times and problems were reported with access to the GP surgery. NHS Kernow is currently looking at how we can improve access to primary care outside current core hours through models that are developed with local populations in venues that are accessible for patients. This will provide much more cohesive and co-ordinated care for patients for both routine and urgent primary care appointments beyond current core hours.

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Foot checks

The NHS in Cornwall provides annual foot checks for 26,000 people with diabetes every year and this number is increasing as more people are diagnosed with diabetes. The financial burden of increasing this to 2 foot checks per year for everyone, regardless of whether they are unlikely of experiencing any problems with their feet, would be significant, as this would mean 52,000 checks every year. This is not therefore a service that we could provide at this time.

However, we will improve the quality of the information that is given out about how to look after your feet if you have diabetes. There is already a new leaflet available from podiatry and the Diabetes UK leaflet, already mentioned, can be distributed to GP practices across Cornwall.

If we can help people to improve their knowledge and understanding of how to look after their own, or the person they care for's, feet this could make a huge difference to good footcare as people will be confident in checking their own feet daily, where possible and daily is the best possible routine for footchecks.

FUTURE INVOLVEMENT

Thank you all for your involvement in the focus groups or telephone interviews and for providing us with your views on current footcare services in Cornwall. We will keep you informed of our progress in making changes to improve the service you receive over the coming months.

We would also like to keep your contact details in order to invite you to other opportunities to get involved in any work we may do around diabetes services in the future. If you would prefer not to be contacted, please let us know