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Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: SF/LG/0098/13

Mark Drakeford AM,
Chair
Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

15 January 2013

Dear Mark
In response to your request for further information following the meeting of the Health & Social Care Committee on the 29 November 2012 at which my officials gave evidence, outlined below is the information you requested.

National Diabetes Audit reports

I attach a copy of a letter issued on 25 May 2012 to Chief Executives of Local Health Boards (LHBs) to highlight results of the National Diabetes Inpatient Audit 2011. Acting on the advice of the National Clinical Audit and Outcome Review Advisory Committee, it was agreed from June 2012, the results of National Clinical Audit would be highlighted through regular e-bulletins issued by the Committee. I attach a copy of the June 2012 e-bulletin, which was issued to LHBs, NHS Trusts, Medical Directors, Nurse Directors, Directors of Therapies, Clinical Effectiveness & Governance Managers and National Specialist Advisory Group Chairs. Although results from audit reports will routinely be highlighted in e-bulletins, my officials will continue to write to LHBs if reports raise specific concerns where immediate action is needed.

Podiatry services in the NHS Wales

Attached is a copy of a summary report detailing current provision of podiatry services. The National Orthotic and Podiatry Advisory Group have developed key quality indicators to monitor diabetes related podiatry services, based on the National Service Framework for Diabetes and NICE guidelines. The provision of diabetes related podiatry services will be further reviewed based on the Welsh Government's forthcoming *Together for Health – Diabetes Delivery Plan*, currently being consulted on, and relevant monitoring processes will be established based on agreed Assurance Measures.

I hope Committee Members find this information useful. I look forward to your findings, which I will use to inform the final *Together for Health – Diabetes Delivery Plan*.

*Kind Regards
Lesley*

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Llywodraeth Cymru
Welsh Government

Prof Iwan White
Prif Swyddog Nyrsio
Cyfarwyddwr Nyrs GIG Cymru
Chief Nursing Officer
Nurse Director NHS Wales

To: Chief Executives
Cc: Medical Directors

25 May 2012

Dear Colleague

National Diabetes Inpatient Audit 2011

The National Diabetes Inpatient Audit 2011 was published 17 May 2012. The audit is commissioned by the Healthcare Quality Improvement Partnership (HQIP) and managed by the Health and Social Care Information Centre (HSCIC) working with Diabetes UK. The purpose of the audit is to identify problem areas, to enable benchmarking and for this to help drive forward improvements.

This was the first year Wales has taken part and 18 audit sites (representing 18 hospitals and 6 Health Boards) submitted data. This resulted in bedside information from 940 inpatients with diabetes and feedback on patient experience from 556 of those capable and willing to complete questionnaires. Some of the key findings from the report are:

The majority of patients in Wales included in the audit (65.2%) were admitted for medical reasons other than diabetes with only 11.2% of patients admitted specifically for the management of their diabetes;

82.8% of patients were admitted to hospital as an emergency compared to 79.4% of all patients in hospital, showing that people with diabetes are more likely to be admitted as an emergency compared to the general population;

29.8% of Welsh patients included in the audit experienced at least one medication error while in hospital.

Patients with medication errors were twice as likely to experience a severe hypoglycaemic episode (17.2%) compared to patients who did not have a medication error (8.4%).

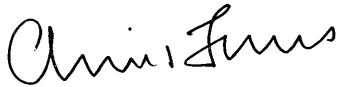
It is clear from this audit that diabetes remains a significant burden on hospital resources. It accounts for 15% of inpatient beds, with people with diabetes in hospital being older, sicker, having more complex disease and staying longer.

Alarming, it also shows that patients suffer frequent medication errors. Poor and inefficient inpatient diabetes care can have disastrous consequences for the patient and increases the financial burden on the NHS.

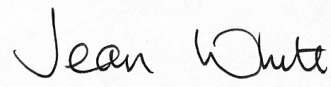
Clinical audit remains at the forefront of the Welsh Governments drive to improve clinical and patient outcomes across Wales. Therefore, we expect Welsh Health Boards to learn from the findings of this report and, where necessary, take steps to implement improvements to ensure that the best possible care is provided for your patients.

If you have any queries about the report please contact Shaun Chainey at shaun.chainey_wales.gsi.gov.uk

Yours sincerely



DR CHRIS JON S
Medical Director, NHS Wales



PROF SSOR J AN WHIT
Nurse Director, NHS Wales

National Clinical Audit and Outcome Review E-Bulletin

E-bulletin: September 2012

This is the first National Clinical Audit & Outcomes Review E-bulletin published on behalf of the Welsh Government National Clinical Audit and Outcome Review Advisory Committee. We will be seeking to publish these E-Bulletin's three times a year to highlight report findings and to provide information on the latest developments and future plans for clinical audit and outcome reviews.

The Committee's Role

The Committee has been established under the Chairmanship of Dr Bruce Ferguson, Medical Director for ABM University Health Board to;

- provide advice and guidance on Welsh participation and performance in National clinical audits and Outcome reviews (formally known as Confidential Enquiries);
- maximise the benefit from audit by encouraging widespread learning which leads on improvements in the quality and safety of patient treatment and care.

In taking this work forward the Committee has also been asked to take into account all other forms of outcome activity undertaken in Wales in Wales to improve patient care e.g. [1000 Lives Plus](#),

The next meeting of the Committee will be in October 2012.

NHS Wales National Clinical Audit and Outcome Review Plan 2012/13

The Plan was formerly launched at the "[Driving Change through Clinical Audit & Quality Improvement Workshop](#)" held at the SWALEC Stadium in Cardiff on 10 May 2012. The Plan sets out how participation and findings from the National Clinical Audit and Clinical Outcomes Review Programme, together with a small number of Wales specific audits and other reviews, will be used to measure and drive forward improvement in the quality of healthcare services in Wales over the next 5 years. A copy of the Plan can be found [here](#), but please note that Appendix A will be slightly amended to take into account changes we have become aware of since its publication. These changes will be reflected in next year's plan.

Recent Publications

Details of National audit reports and Outcome reviews published since 1 April 2012 are detailed below;

The National Diabetes Inpatient Audit - published 17 May 2012

Key findings:

- The majority of patients in Wales included in the audit (65.2%) were admitted for medical reasons other than diabetes, with only 11.2% of patients admitted specifically for the management of their diabetes;
- More diabetes patients are admitted to hospital as an emergency compared to the general population (82.8% compared to 79.4%);
- Patients with medication errors were twice as likely to experience a severe hypoglycaemic episode compared to patients who did not have a medication error. 29.8% of patients experienced at least one medication error, 16.6% of patients experienced at least one prescription error and 17.8% of patients experienced a medication management error. - [Link to full copy of the report.](#)

The National Diabetes Audit – Care Processes and Treatment Targets – published on 14 June

Key findings;

- nearly 50% of Welsh general practices participated in the audit. This is an improvement from last year when less than 40% participated, but some way behind participation rates in England where 83% of GP practises participated in the audit;

- 60% of Welsh patients received all nine of the key care processes. This is a slight increase (2.5%) on last years audit result, but there is considerable variability, particularly in areas like foot checks and digital eye photography;
- 35% of diabetic patients had an HbA1c value outside the NICE recommended lower risk (for future complications) range (similar to English patients) and 7.4% of Welsh patients are at very high risk of future complications with HbA1c>10%. – [Link to full copy of the report.](#)

The Adult Cardiac Surgery Report 2011 – published on 18 June

Key findings :

- Despite increased risk due to more elderly patients undergoing more complex operations the mortality rate for cardiac surgery continues to fall;
- All UK hospitals are performing significantly better than the European standard for isolated first time coronary artery surgery;
- However, more specifically for Wales the report shows **very low levels** of Cardiac Surgery in comparison with England despite greater need. – [Link to full copy of the report.](#)

UK Carotid Endarterectomy Audit - published on 21 August

Key findings:

- Welsh participation in the audit is poor at 70% (in comparison with England at 90% and Northern Ireland at 99%);
- There is variation in the services provided by Health Boards across Wales, especially in regards to Symptom to surgery within 14 days (NICE) and Surgery within 2 days of referral (National Stroke Strategy). - [Link to full copy of the report.](#)

New Audits Being Developed or Under Consideration

Since the publication of “The Plan” (see above) HQIP have confirmed their intention to develop three additional new National Clinical Audits and the Advisory Committee will be giving consideration to whether these audits are appropriate for NHS Wales. The three new National Clinical Audits under consideration are;

Prostrate Cancer Audit
Rheumatoid and Early Inflammatory Arthritis Audit
Chronic Kidney Disease in Primary Care Audit

Planned Publication dates for future National Clinical Audit reports are available [here](#).

Clinical Outcome Review Programmes (CORPs)

National Confidential Inquiry into Suicide and Homicide by people with Mental Health Illness (NCISH) – Annual Report July 2012

UK wide report which provides data and comparisons between each country.

Key findings :

- In-patient suicides show a sustained fall across all countries.
- Deaths under crisis resolution/home treatment are now more frequent than under in-patient care in Wales and England.
- There has been a fall in the number of patient suicides in Wales and England following refusal of treatment or care.
- There are few suicides by patients refusing treatment or care while under a community treatment order (Wales and England).
- There has been a decrease in the number of patient suicides by overdose of tricyclic antidepressants (Wales, England and Scotland). – [Link to full copy of the report.](#)

National Confidential Enquiry into Patient Outcome and Death (NCEPOD) – Time to Intervene? – A review of patients who underwent cardiopulmonary resuscitation as a result of in-hospital cardiorespiratory arrest – 1 June 2012

Key Findings :

- Admission assessments were considered deficient in 47% of the cases reviewed.
- 38% of in-hospital cases of cardiac arrests (and subsequent resuscitation attempt) could have been avoided if patient care had been properly managed.
- 75% of cases displayed clear warning signs that the patient was deteriorating. Of these patients the signs were not recognised in 35%, not acted on in 56% and not communicated to senior doctors in 55% of cases.

Key Recommendations :

- CPR status must be considered and recorded for all acute admissions.
- When patients continue to deteriorate prior to consultant review there should be escalation of care to a more senior doctor.
- Each hospital must have a plan for the management of the patient's airway during cardiac arrest.
- Each hospital should audit all CPR attempts and assess what proportion should have had a DNACPR decision in place prior to arrest. - [Link to full copy of the report.](#)

Further information about the Clinical Outcome Review Programmes is available [here](#).

Other CORP News

In August, a research team from Cardiff University's Institute of Primary Care and Public Health was awarded the contract to review data on 6,000 [children attending hospital with head injuries](#).

In June, MBRRACE-UK (Mothers and Babies - Reducing Risk through Audits and Confidential Enquiries across the UK) was appointed to run the national [Maternal, Newborn and Infant Clinical Outcomes Review Programme](#).

Clinical audit & Outcome reviews remain at the forefront of the Welsh Governments drive to improve clinical and patient outcomes across Wales.

Welsh Health Boards must learn from the findings of these reports and where necessary take steps to implement improvements to ensure that the best possible care is provided for patients.

Contact Us

We would be grateful if you could let us have your comments on the NCAOR Plan and any suggestions on what you think should be included in next year's document. Suggestions on agenda items for future Advisory Committee meetings and E-Bulletins are also invited.

If you have any questions about any of the above please contact Shaun Chainey - shaun.chainey@wales.gsi.go.uk or Darren Ormond - darren.ormond@wales.gsi.gov.uk.

Summary Report on Podiatry Services in Wales for the Health & Social Care Committee's inquiry in to the National Service Framework for Diabetes and its Future Development

7 January 2013

Introduction

This document provides a high level overview of the podiatry service provided across all Local Health Boards (LHBs), an outline of the key quality indicators that the services adhere to, an overview of current performance; and specific details on each of the LHBs' podiatry services.

Overview of Podiatry Services

The National Orthotic and Podiatry Standing Advisory Group (NOPSAG) provides leadership and guidance to ensure equitable service provision.

LHBs provide podiatry services in line with the current consensus guidelines, and clinical standards provided through the National Service Framework for Diabetes and NICE guidelines.

The process for accessing services varies across LHBs and includes self referral as well as, consultant or GP / primary care team referrals. Diabetic Foot Screening is undertaken in primary care as part of a diabetic patient's annual review.

The NOPSAG All Wales clinical sub group for diabetes have agreed 7 quality indicators and work is in progress to embed mechanisms to monitor services using these indicators. They have been developed in line with the National Service Framework for Diabetes and NICE guidelines and will be further reviewed to ensure alignment with the Welsh Government's forthcoming *Together for Health – Diabetes Delivery Plan*.

Key Quality Indicators

- The percentage of patients who have been risk classified
- The percentage of health care professionals who have undertaken and meet the requirements of basic foot screening
- The percentage of patients referred to and treated by a multidisciplinary foot care team within 24 hours
- The percentage of patients admitted to hospital with diabetes who receive a foot examination within 6 hours
- The percentage of patients referred to the multidisciplinary foot care team within 24 hours of being admitted to hospital with diabetic foot

problems, or the detection of diabetic foot problems (if already in hospital)

- The percentage of patients who having undergone an amputation are repatriated to a foot protection programme
- The percentage of patients who regain mobility after a year post amputation

Prioritisation:

Podiatry Services are governed by the Therapies waiting time performance target of 14 weeks and categorised into urgent and routine. Urgent is indicated by presence of infection, ulceration, gangrene or inflammatory condition and seen within 2 weeks. In the Putting Feet First guidance this would fit into the active classification category.

Performance

Service are staffed in accordance with consensus guidelines and the majority now employ Podiatry Assistants to manage the less complex pathologies, e.g. pathological nail conditions, but the demands overall continue to grow as the diabetic population increases.

There has been a clear commitment across podiatry in Wales to push the e-learning tool (FRAME) for foot screening in primary care, hospital settings and hard to reach groups (nursing homes), as this ensures a basic level of foot screening competency, This helped reduce inappropriate referrals into podiatry.

LHB podiatry services

All LHB podiatry services reported the following:

- Involvement in the delivery of structured diabetes education programme.
- Involvement in the delivery of training on the 'diabetic foot' to medical and nursing colleagues on both pre registration and post registration courses, as well as in-house training opportunities.
- Implementation of LHB wide MDT (Multi Disciplinary Team) policies, procedures and guidelines.
- A step up/step down approach to service provision, with competent workforce at the point of need, to ensure effective management of resources based on patient needs.

- Majority of LHBs employ Podiatry Assistants to manage the less complex pathologies, e.g. pathological nail conditions.
- Advanced practitioners running community based wound clinics closer to patients' homes.
- General performance targets for new patient referrals are managed according to the Component Wait Standard and are reported accordingly.
- Service provision developed in line with National Service Framework for Diabetes and NICE guidelines

Also, all LHBs report on QOF targets and partake in the National Diabetes Audit, which report on aspects of podiatry care related to diabetes.

The *National Diabetes Audit 2010/11 – Care Process and Treatment Targets* showed that 82.8% of all (type 1 and 2 diabetic) registered patients in Wales received the NICE recommended Foot Exam care process.

Cardiff & Vale University Health Board

C&V have an open access referral system. There has recently been introduced a 'Hot Phone' to allow 24 hour access for those with 'active foot disease' to be seen.

C&V podiatry has access to all members of the Multi Disciplinary Foot Team (MDFT) and has weekly access to the vascular and orthopaedics clinics.

C&V have a critical analysis clinic where the most compromised are seen by the whole MDFT and this has been valuable in producing disease specific pathways and has resulted in the orthopaedic team taking around 20% of patients for early surgical correction or intervention.

The residents from C&V with diabetes have seen a reduction in major amputation rates by 48% in 2009-10 and another 31% in 2010-11; with no major increase in minor amputations¹.

Betsi Cadwaladr University Health Board

Patients are offered screening by the GP surgeries: those identified as low risk to remain on annual review with the GPs; the rest to be referred into the podiatry service for management and education, except for those with active disease to be referred to the acute service for management. All areas are offered the same level of care and services.

¹ Source: Patient Episode Database for Wales (PEDW), NHS Wales Informatics Service (NWIS), Amputation Rates for Patients Diagnosed with Diabetes, Resident-based figures include episodes of patients who are resident in Wales and are treated in NHS hospitals in Wales and England, Calendar Years 2009 – 2011, Date Extracted: 06/11/2012

Glan Clwyd offers a fully integrated MDT clinic approach including Podiatrists (1.5WTE led by a Principal podiatrist with specialism), Diabetologists (1 WTE), Vascular (2 sessions per week), Orthotist (1 session per month), with well established advanced integrated care through the foot clinic. Most of the ward cases are managed through the outpatient based clinic. There is a clinic 4 days per week and weekend cover is through the AMU (AMU consultants have dual specialism with diabetes). The clinic manages more than 280 cases per year, offering up to 55 appointments per week.

Bangor offers a vascular surgeon led diabetic foot service, which is embedded in the hospitals referral processes as well as GP processes. It receives support from parallel run podiatry clinics for 4 sessions per week. There is no Diabetologist support in the clinics at present.

Wrexham has an orthopaedic led diabetic foot clinic one day per week with no diabetologist, but does have 2 sessions of podiatry and 2 sessions of orthotics support at that clinic. There is a process underway to try and establish a diabetic foot clinic, including a Diabetologist, for 1 session per week. Vascular support is not currently integrated.

There are intermediate clinics at two sites (Deeside and Wrexham), where experienced podiatrists manage patients with complex needs relating to their history of diabetic foot complications with the aim of preventing further episodes.

Aneurin Bevan Health Board

All patients in ABHB are referred by GP / primary care team or consultants / specialist nurse referral. The routine waiting time is the 14 week component waiting standard. Urgent referrals, e.g. active ulceration, sepsis, cellulitis, are seen within 5 working days.

ABHB have open access drop in clinics in the District General Hospitals (DGHs) including active foot clinics and Podiatry Led Foot Ulcer clinics in all DGHs. All patient referrals are triaged as either urgent or routine.

ABHB also have community rapid access clinics specifically for those "priority" patients who may require access to services in less than 14 weeks, but are not classed as urgent. These operate across all local authority areas and are available to primary care teams to refer into directly. These clinics allow patients to be managed according to risk, stepping up or down according to active pathology. The clinics are run by the Advanced (Band 7) Podiatry practitioners who out reach into community service, working alongside Community Specialist Podiatrists (Band 6/5). This allows for cross management and seamless care pathways and allows patients to be escalated to secondary (Consultant) care if required. This also works in reverse to gradually step down back to community services those patients who may have had a foot pathology that required admission.

Abertawe Bro Morgannwg University Health Board

ABMU operates Podiatry Direct which provides the option for self referral through a telephone consultation with a registered podiatrist. Patients requiring assessments are offered an appointment at their local clinic following telephone assessment.

A Walk In clinic is located at Port Talbot Resource Centre and is open to all residents in Bridgend and Neath Port Talbot (Swansea to follow). Podiatry Direct means that advice and signposting is provided on the day required by patients.

In ABMU any urgent diabetic patients are generally seen on the day (except weekends). All urgent patients are seen within 2 weeks as per all Wales podiatry guidelines. Weekly MDT clinics are also provided.

Hywel Dda Health Board

Referrals within Hywel Dda come through GP / primary care team or consultants / specialist nurse referral, as well as patient self referral and will be triaged and placed in the most suitable clinic, i.e. community, SOS clinic or ulcer clinic as deemed necessary.

Hywel Dda also has open access clinics one day a week per hospital site. Patients can turn up with no appointment and be seen. These clinics run alongside the Diabetologists and vascular surgeon clinics and hence, if patients need urgent vascular intervention, this can usually be initiated through this clinic, either through consultation with a surgeon or admitting the patient if necessary. Hence, the time scales are usually very short for diabetics.

Hywel Dda is working on developing a form that nursing staff have to fill in when a patient is admitted to hospital. This asks them to screen the feet to ensure all is well and if not gives the ward a pathway to follow as to what to do next. Hywel Dda is currently finalising this process.

Powys Teaching Health Board

Powys has open access to Podiatry Services. The referrals are prioritised by a clinician. Urgent patients are seen within three days (generally sooner when a diabetic foot problem is identified), and routine referrals are seen within the 14 week target. However, Powys' current waiting times for new patients are seven weeks.

As Powys does not have a DGH there is not a diabetic formal foot care team. Powys has adopted the Putting Feet First risk assessment screening guidance. The specialists also work in clinics with the visiting Diabetologists and vascular consultants where patients can have joint consultations if necessary.

Powys' one podiatry specialist has an honorary contract with Shropshire to work in their MDT clinics.