Diabetes and lower-limb complications – a thematic review of clinical negligence claims

Nicole Mottolini
Clinical Fellow, NHS Resolution
n.mottolini@nhs.net

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Advise / Resolve / Learn

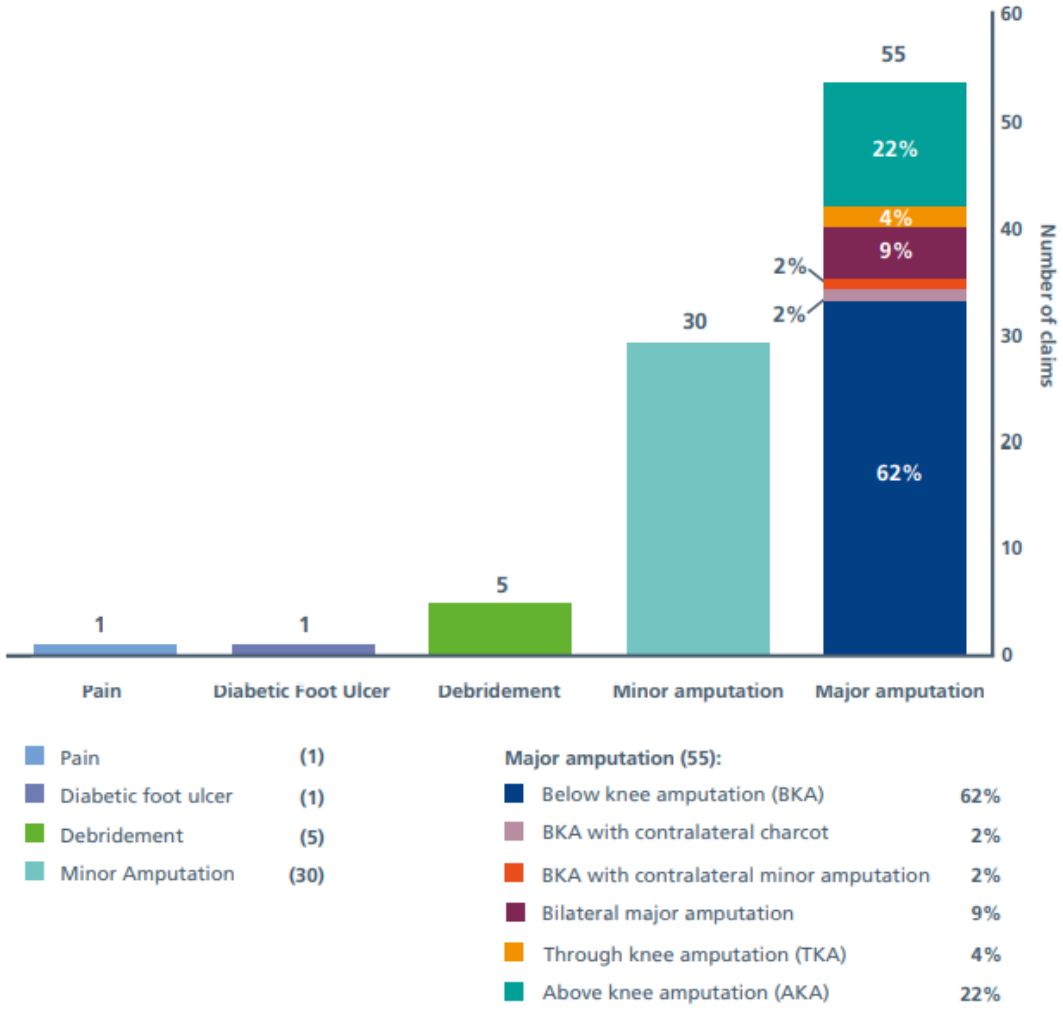
Diabetes and lower-limb complications

- Aims
  - Reduce variation
  - Improve standards of care for patients and staff
  - Learn from harm, share learning, prevent future harm

- ~90 closed clinical negligence claims reviewed via thematic analysis
  - Identify qualitative themes and recurrent clinical patterns
  - Produce report and recommendations
  - Work collaboratively to implement changes and monitor their impact

Number of claims by index event

- 92 closed clinical negligence claims reviewed via thematic analysis

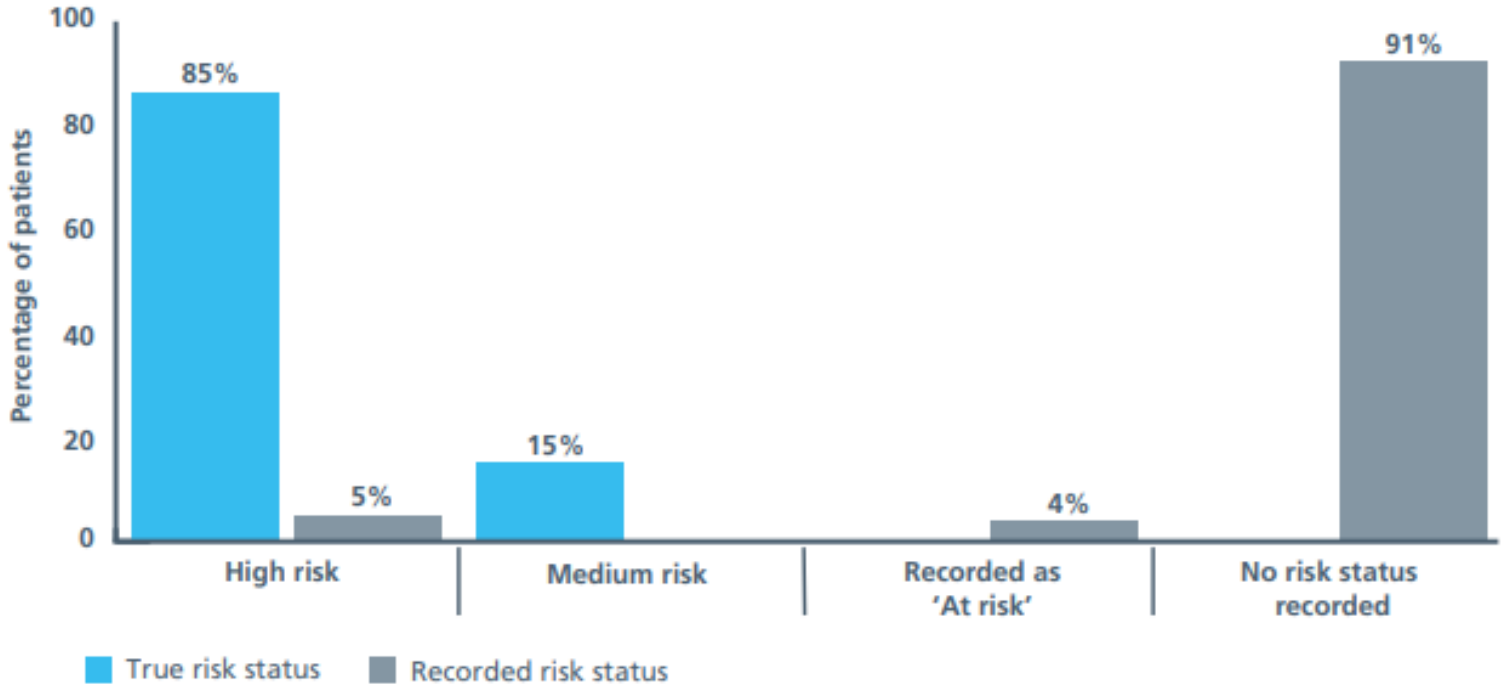


Diabetes and lower-limb complications

- Findings
  - Preventative care
  - Pathways between primary care and specialist footcare teams
  - Management of diabetic foot disease and specifically diabetic foot ulcers (DFU)
  - Biomechanics and offloading (pressure relief)
  - Emergency Department attendance, admission into and discharge from hospital
  - Management of peripheral arterial disease (PAD)
  - Education, psychological support and patient compliance

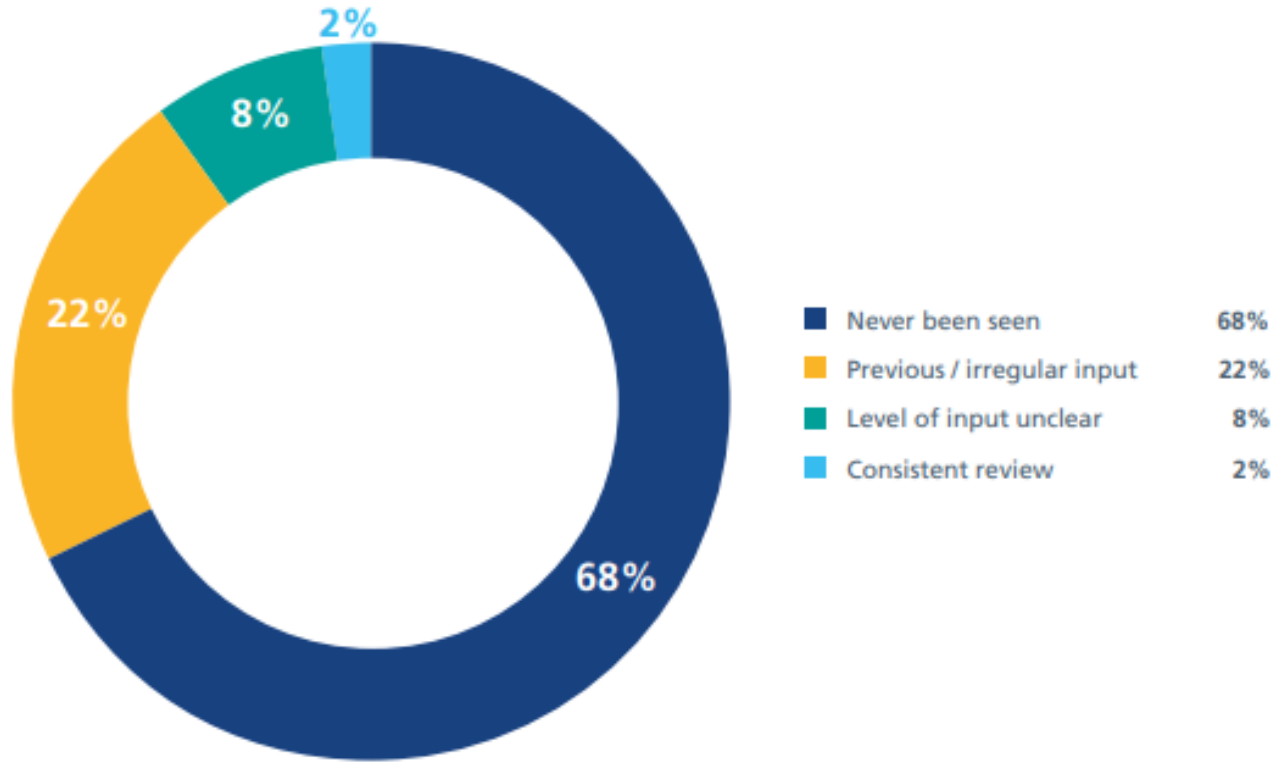
Findings: Preventative care

- High risk patients were not correctly identified, and there was a lack of preventative care measures.



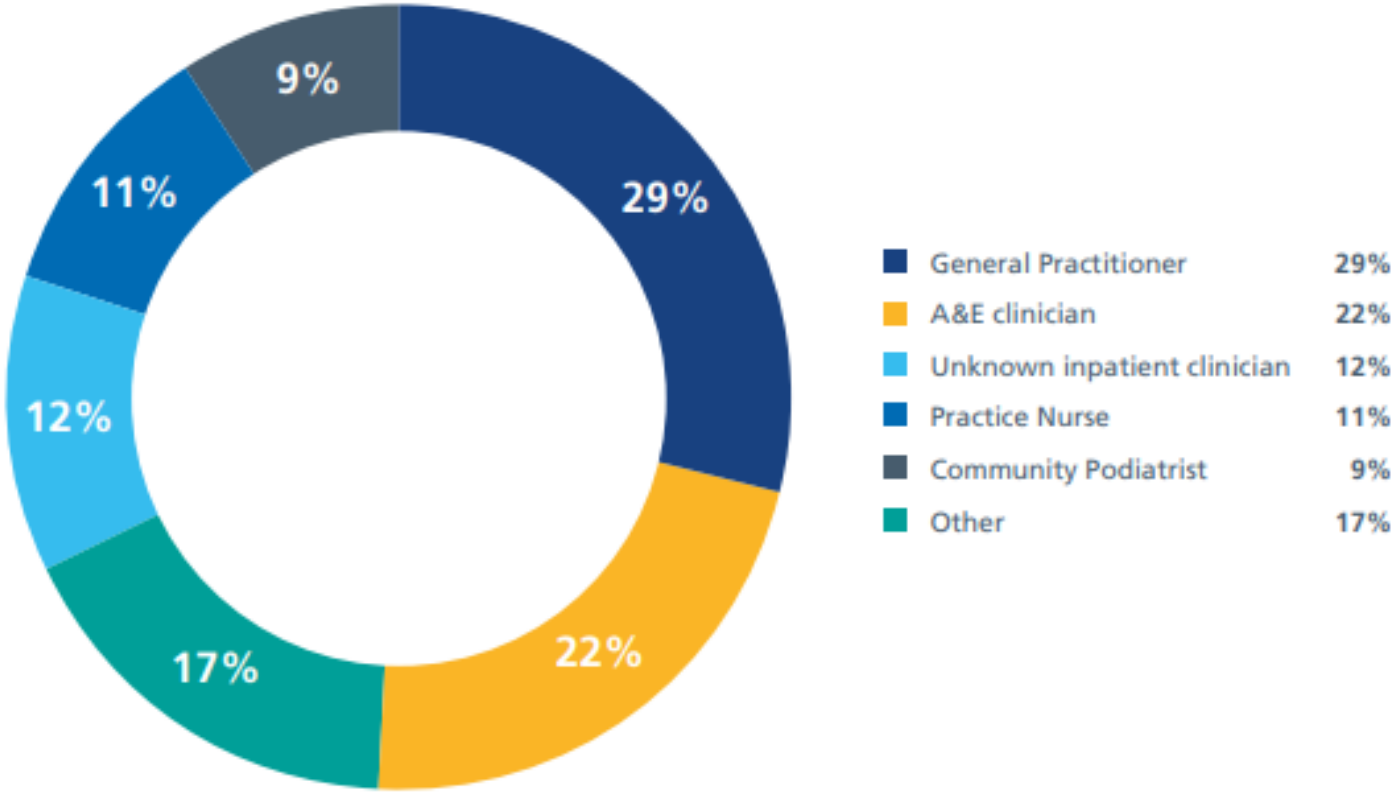
Findings: Preventative care

- 63 patients (68%) had never been seen by an Foot Protection Service (FPS) prior to the onset of pathology (n=92).
- 20 patients (22%) had once been known to an FPS but were no longer being seen or were having very irregular (gaps of 1 year plus) reviews (n=92).
- 2 patients (2%) were being consistently reviewed by an FPS prior to the onset of pathology (n=92).
- For 7 patients (8%), the level of input was unclear (n=92)



Findings: Pathways between primary care and specialist footcare teams

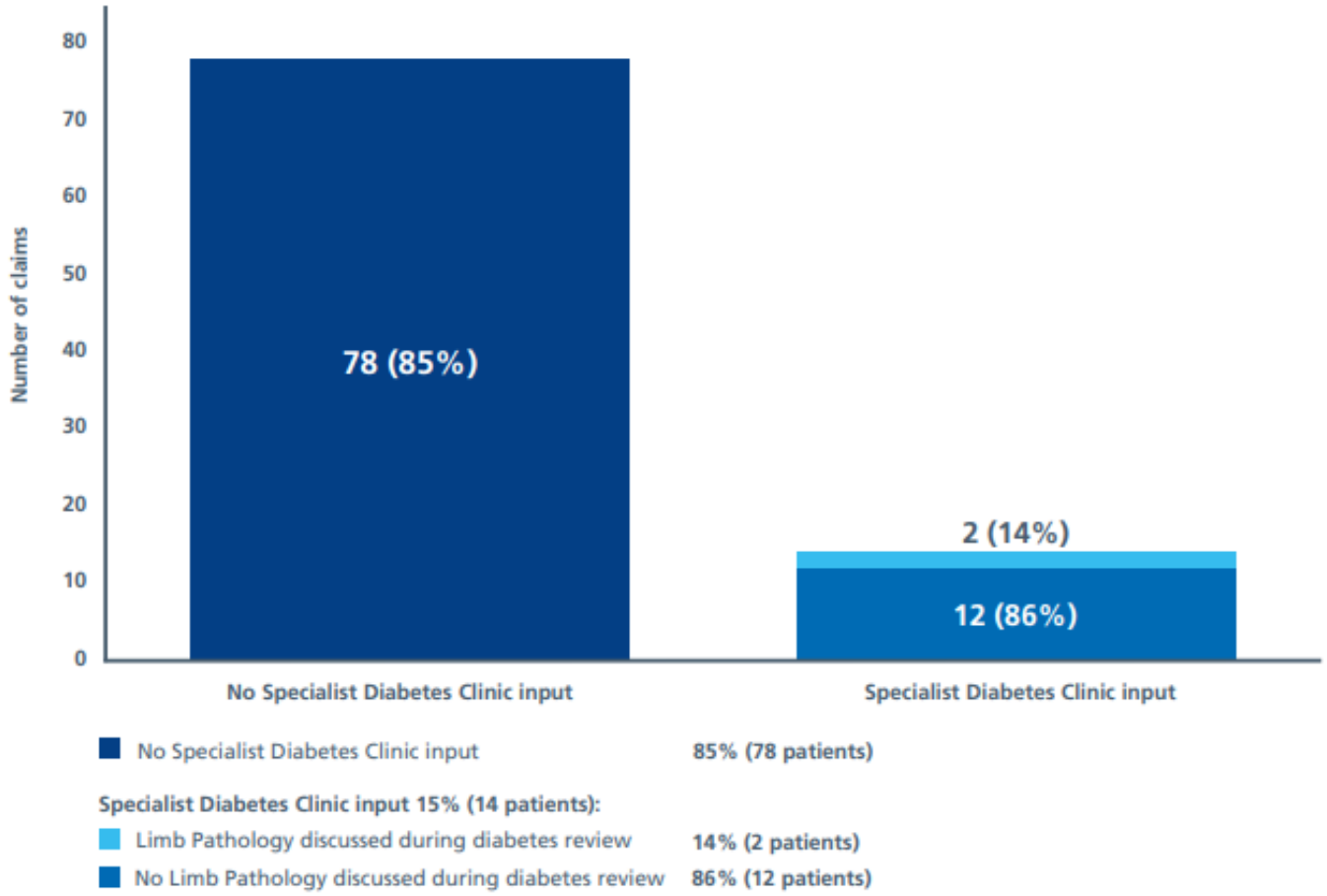
- Once a diabetic foot problem was identified, patients experienced delays in being seen by a specialist footcare team.



Breakdown of the clinician's (who were first aware of the lower limb pathology) discipline.

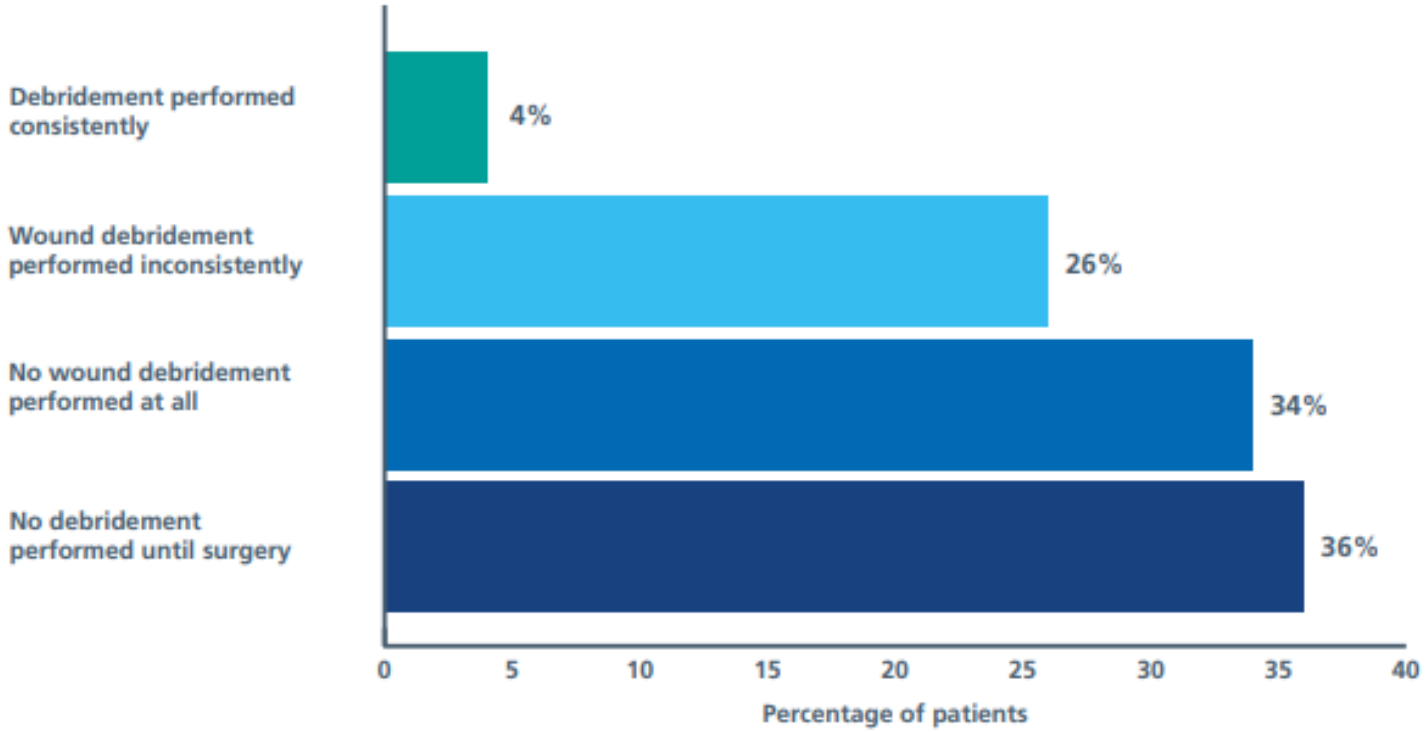
Findings: Pathways between primary care and specialist footcare teams

- This graph highlights the number of patients who received a specialist diabetes clinic review (n=92) and for those patients, who had specialist review, the number who had their lower limb pathology discussed during this review (n=14).



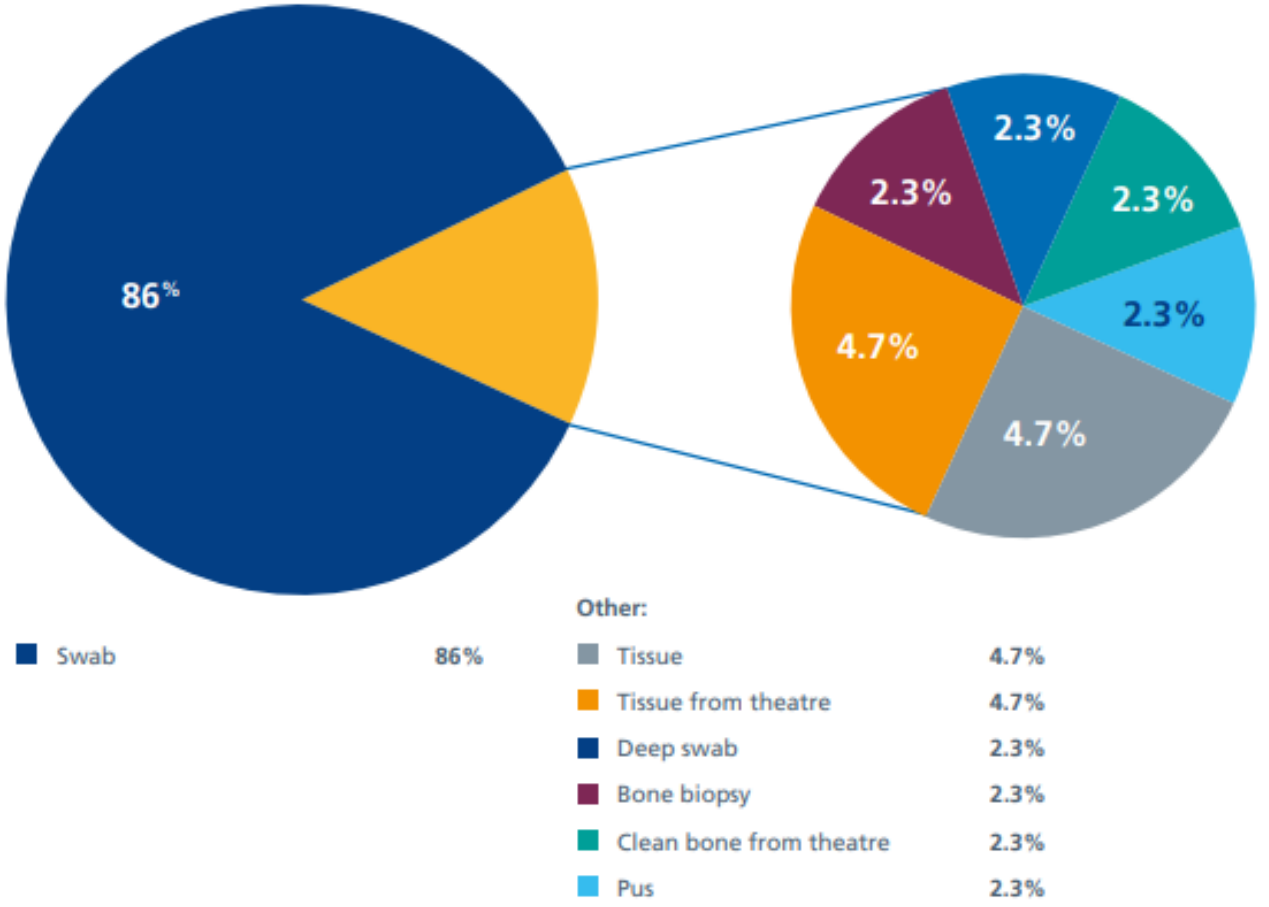
Findings: Management of diabetic foot disease

- 88 patients experienced a diabetic foot ulcer at some point throughout the course of events recorded in the claims. Evidence-based DFU assessments and interventions were often missed. The extent and severity of the pathology was realised late.



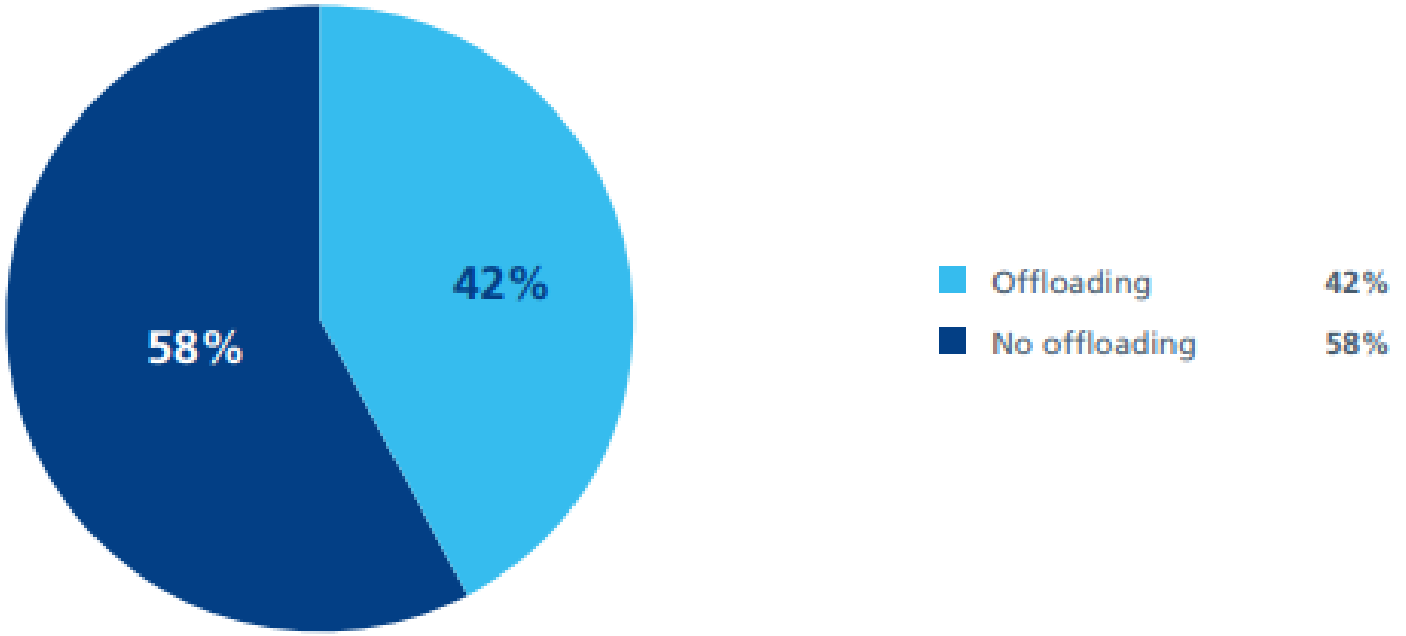
Findings: Management of diabetic foot disease

- Microbiology sampling of diabetic foot ulcer - types of samples taken.
- In 44 cases (50%), no microbiology sample was taken at any stage (n=88).



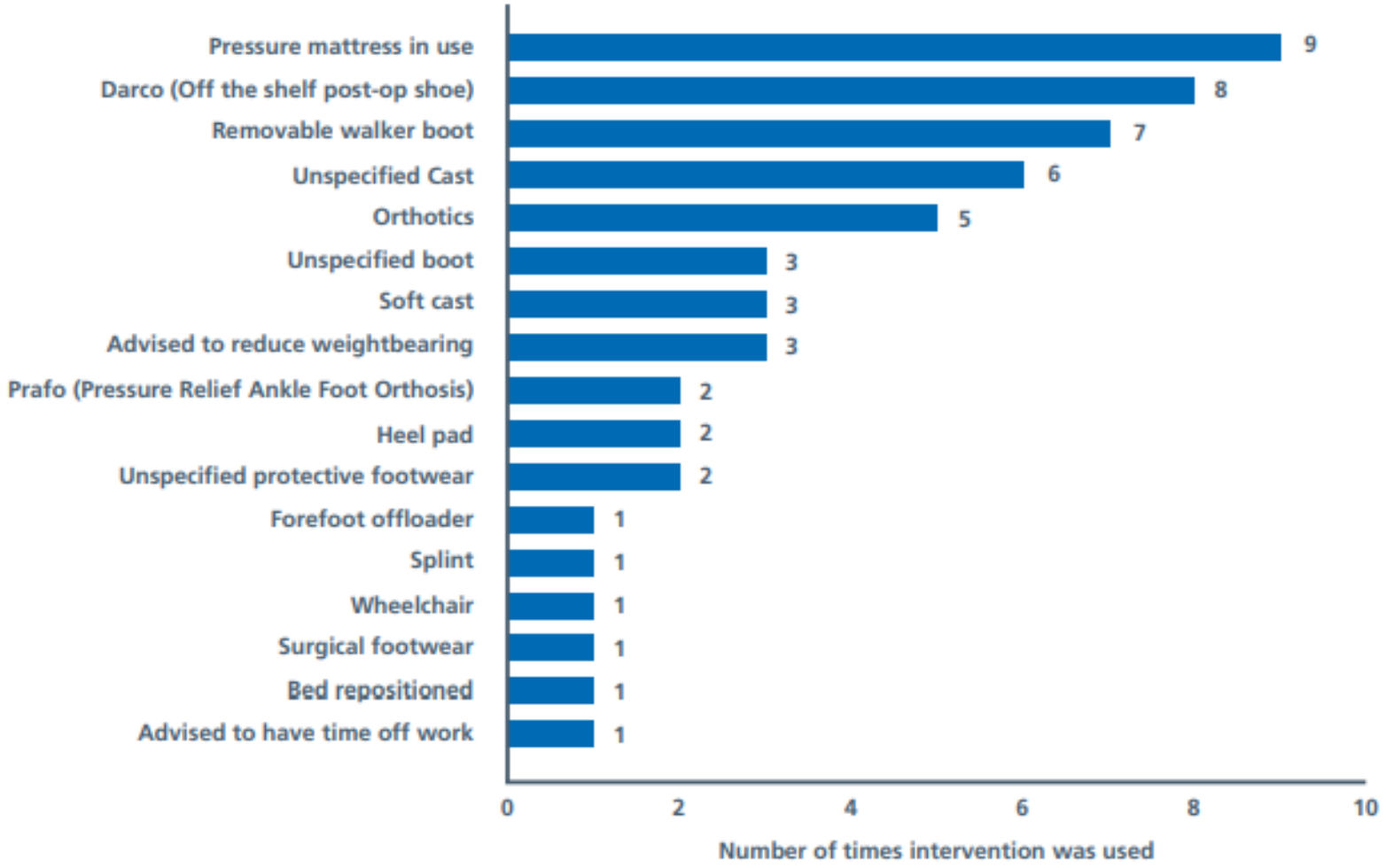
Findings: Biomechanics and offloading

- Offloading interventions were not evidence-based, provided late in the progression of deformity, or not performed at all.



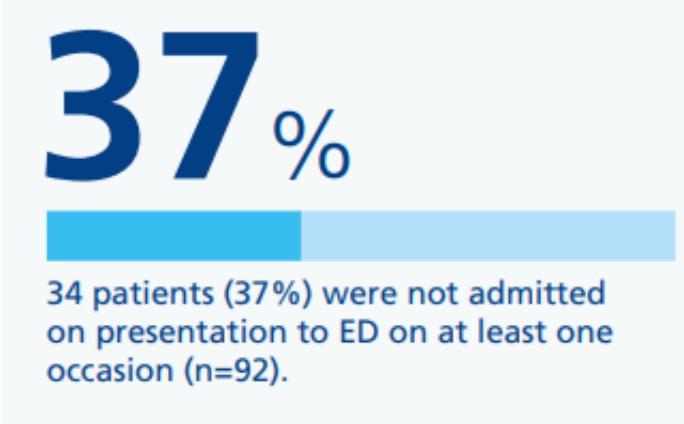
Findings: Biomechanics and offloading

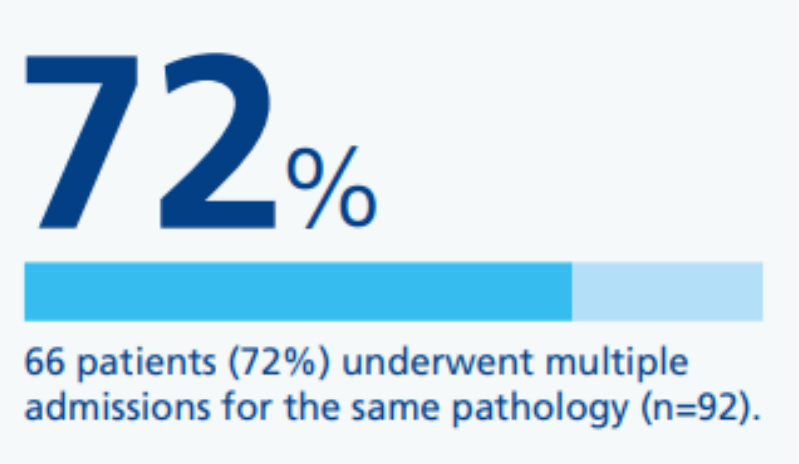
- For patients who did receive a pressure relieving (offloading) intervention this graph shows a breakdown of the type of interventions used

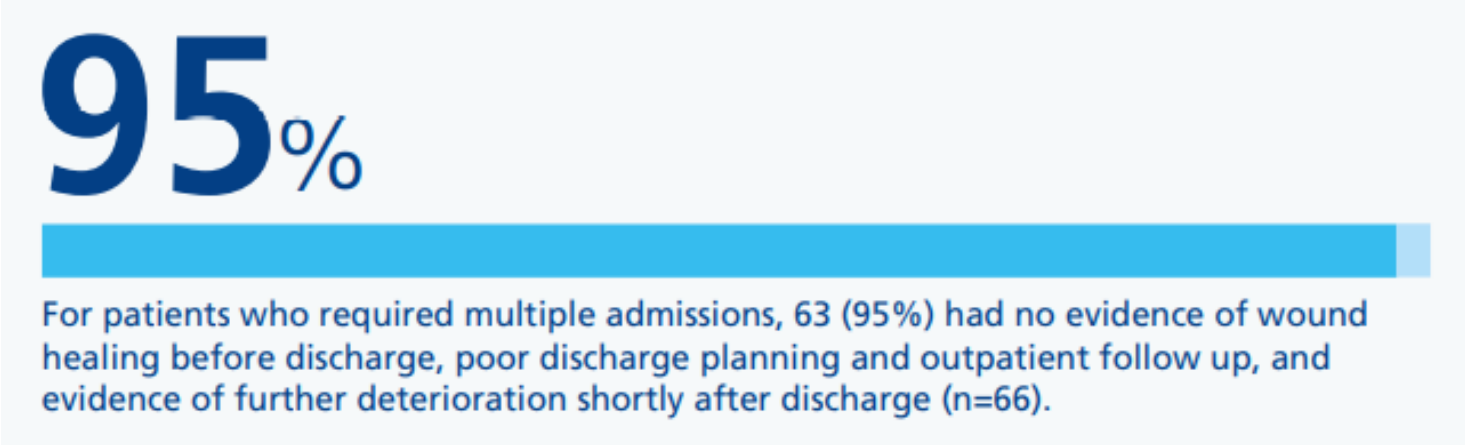


Findings: ED, admission and discharge

- There was no clear process and no continuity of care for patients being admitted into or discharged from hospital.

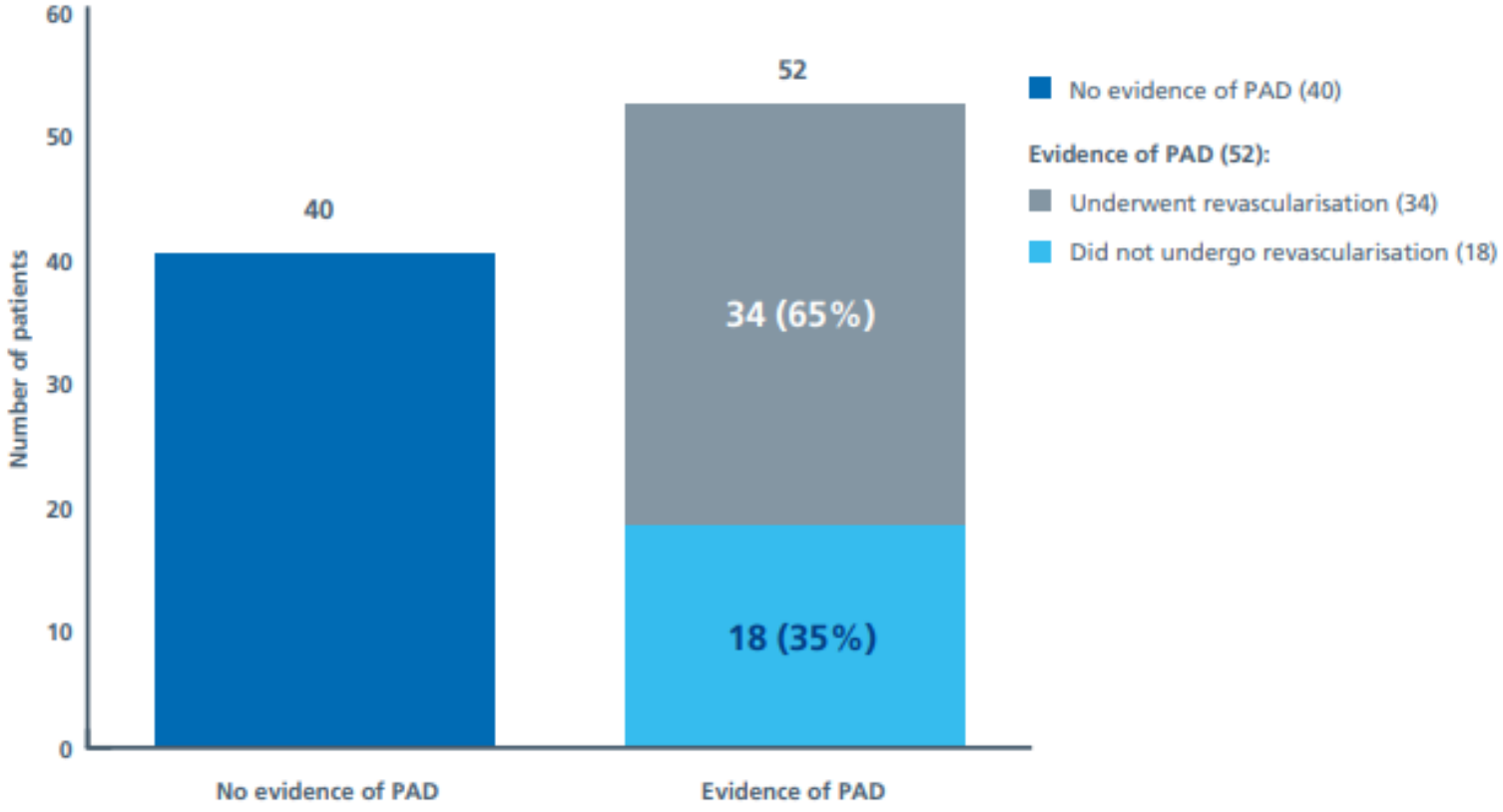






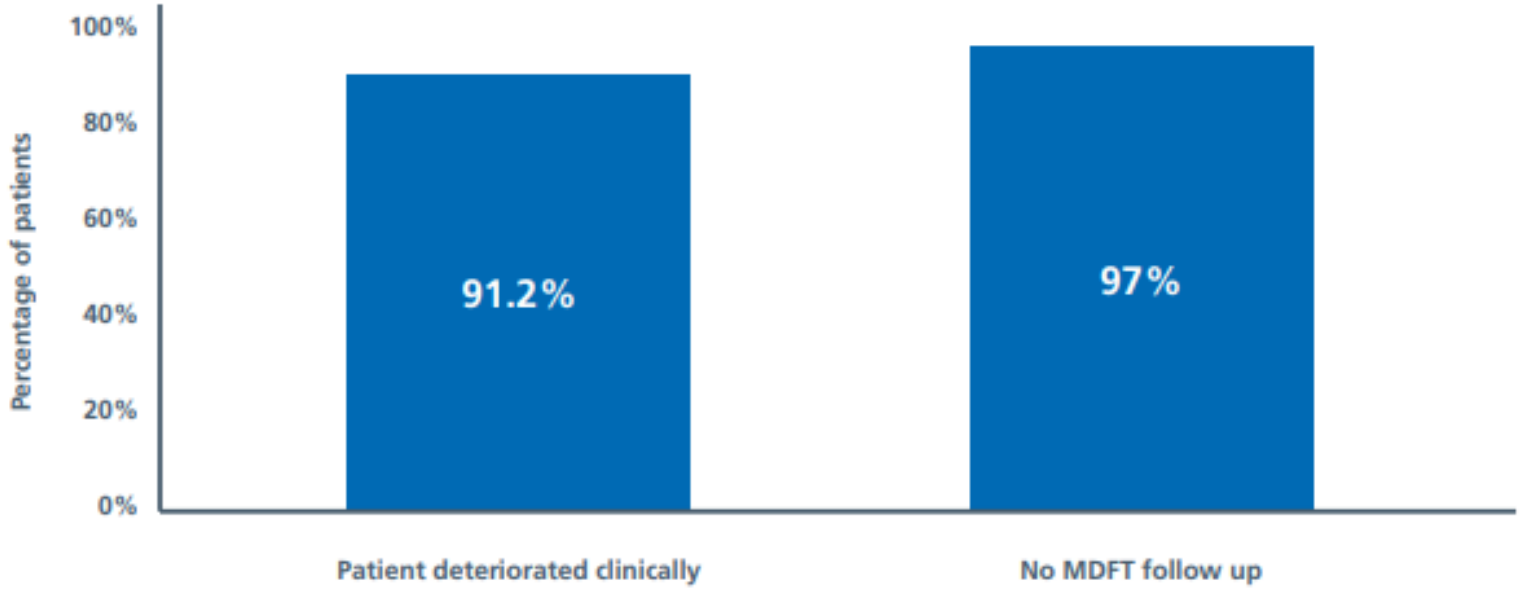
Findings: Management of peripheral arterial disease

- Vascular assessments were brief, potentially inaccurate and delayed.
- In assessing for and managing PAD, patients experienced delays at every stage of the pathway.



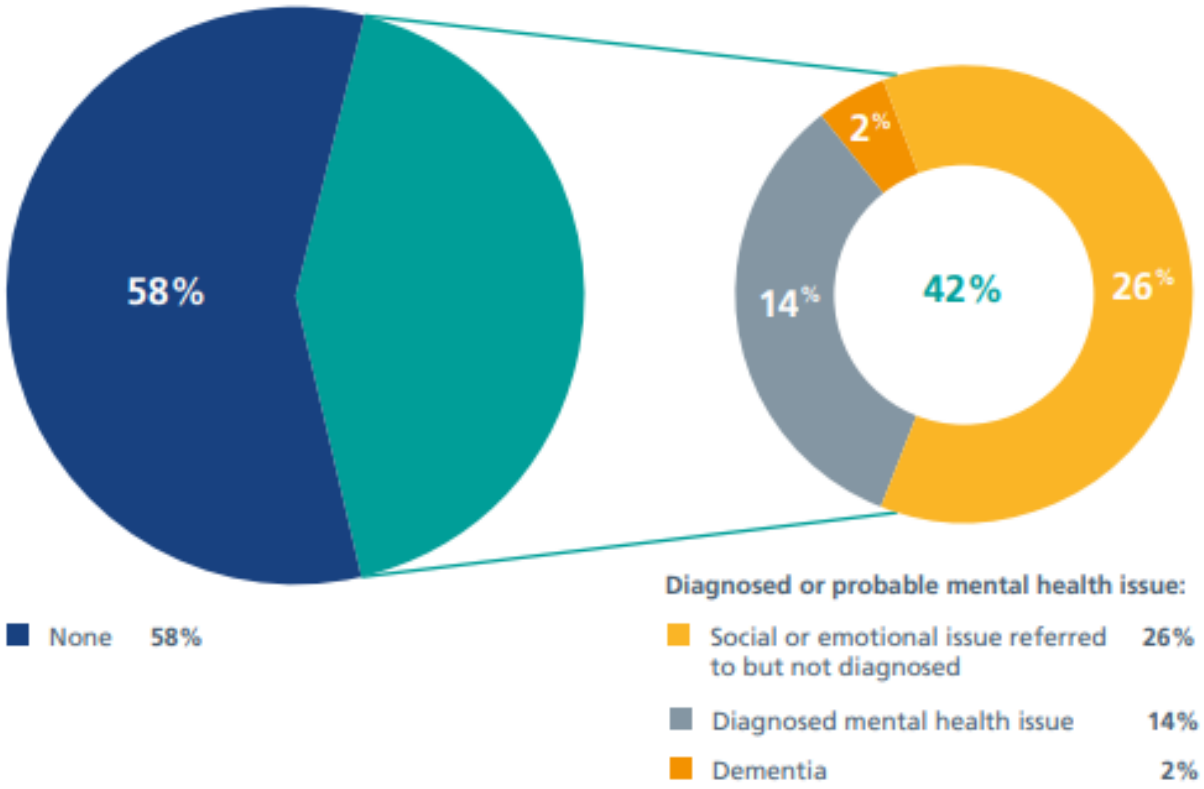
Findings: Management of peripheral arterial disease

- This graph shows, for the patients who underwent revascularisation (n=34) the percentage of those who deteriorated, and the percentage who had MDFT input, following the procedure



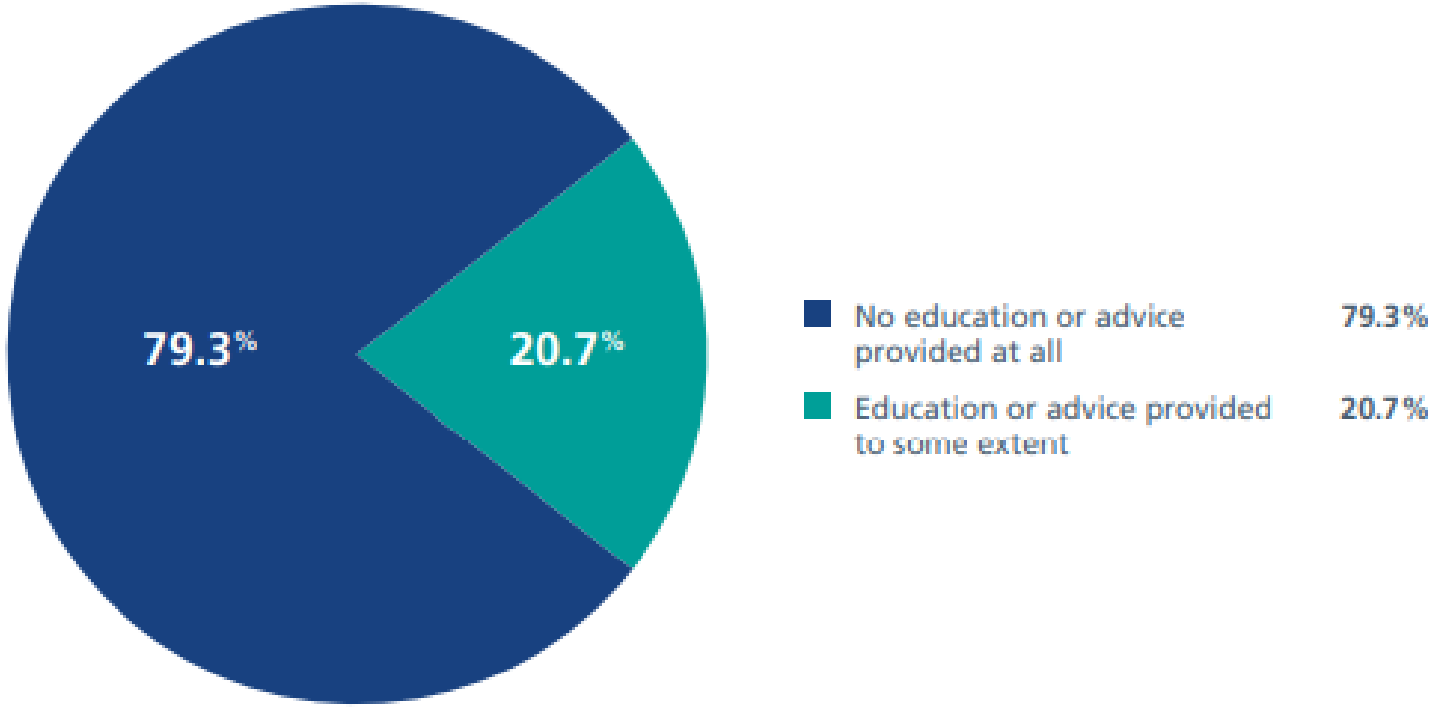
Findings: Education, psychological support and patient compliance

- There were high levels of non-compliance, but there was also evidence of emotional and social factors that were not addressed. There was additionally a lack of provision of diabetes lower limb education.
- This graph shows patients with and without a diagnosed or probable mental health or social issue broken down by type.



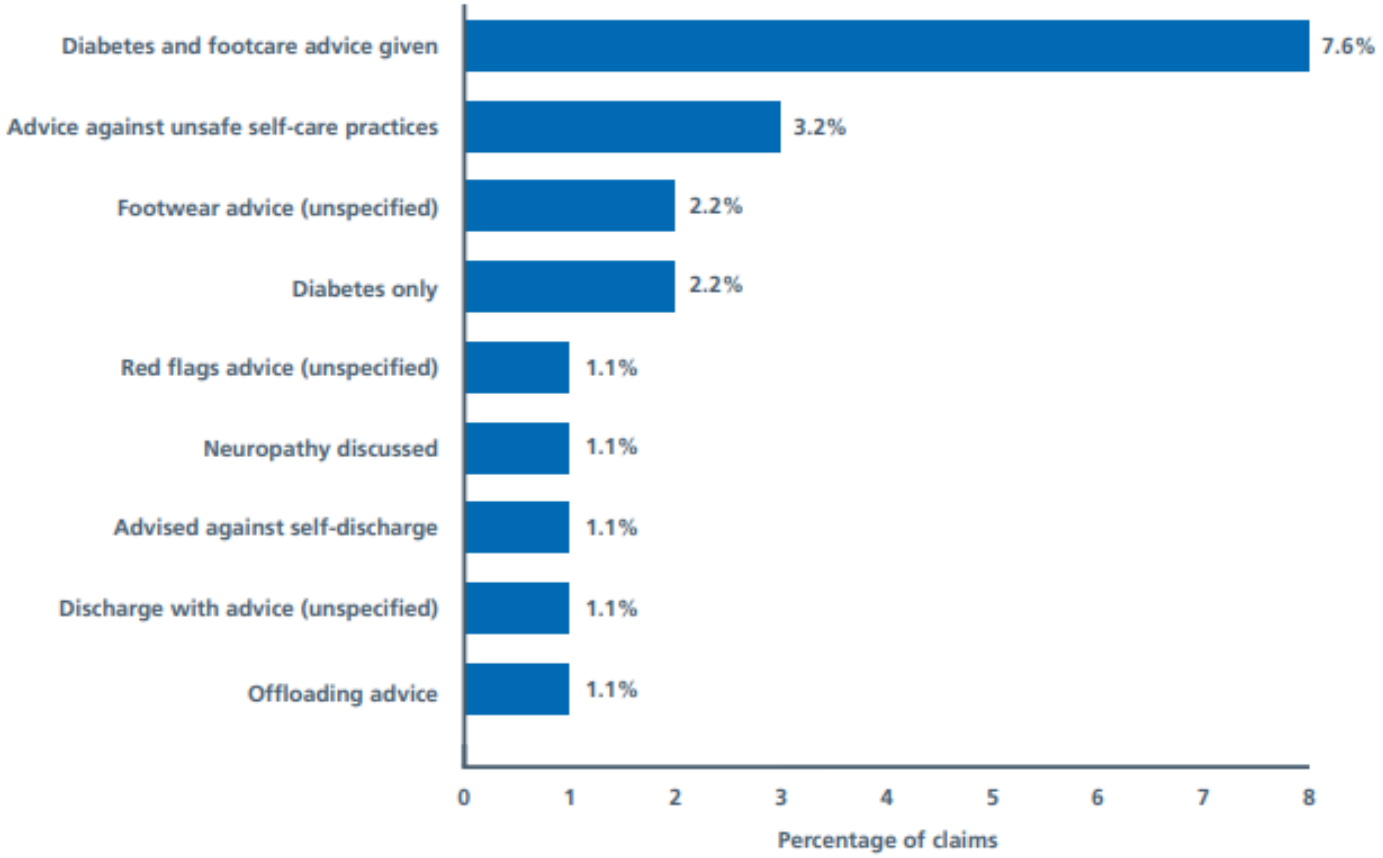
Findings: Education, psychological support and patient compliance

- This graph shows the proportion of patients who received advice and/or education.



Findings: Education, psychological support and patient compliance

- This graph provides a breakdown of the type of advice or education provided.



Diabetes and lower-limb complications

Themes:

- Missed recognition of severity
- Lack of urgency in providing care

Contributed to by:

- Inconsistent use of terminology and non-descript language
  - Difficult to ascertain if situation improving/deteriorating
- Peripheral neuropathy
  - Lack of pain response from patients – lack of urgent response from clinicians
- Multiple disciplines involved ≠ multi-disciplinary team working

Resulting in:

- Change in clinical picture ≠ change in management plan

Diabetes and lower-limb complications

- Summary
  - Lack of preventative care
  - Lack of thorough, standardised and evidence-based:
    - » Assessments, descriptions, management
  - Absence of integrated team working, communication, holistic management and oversight

- Highlighted the importance of ensuring responsibility for providing care, as well as responsibility for reflecting, feeding back and changing care when needed.

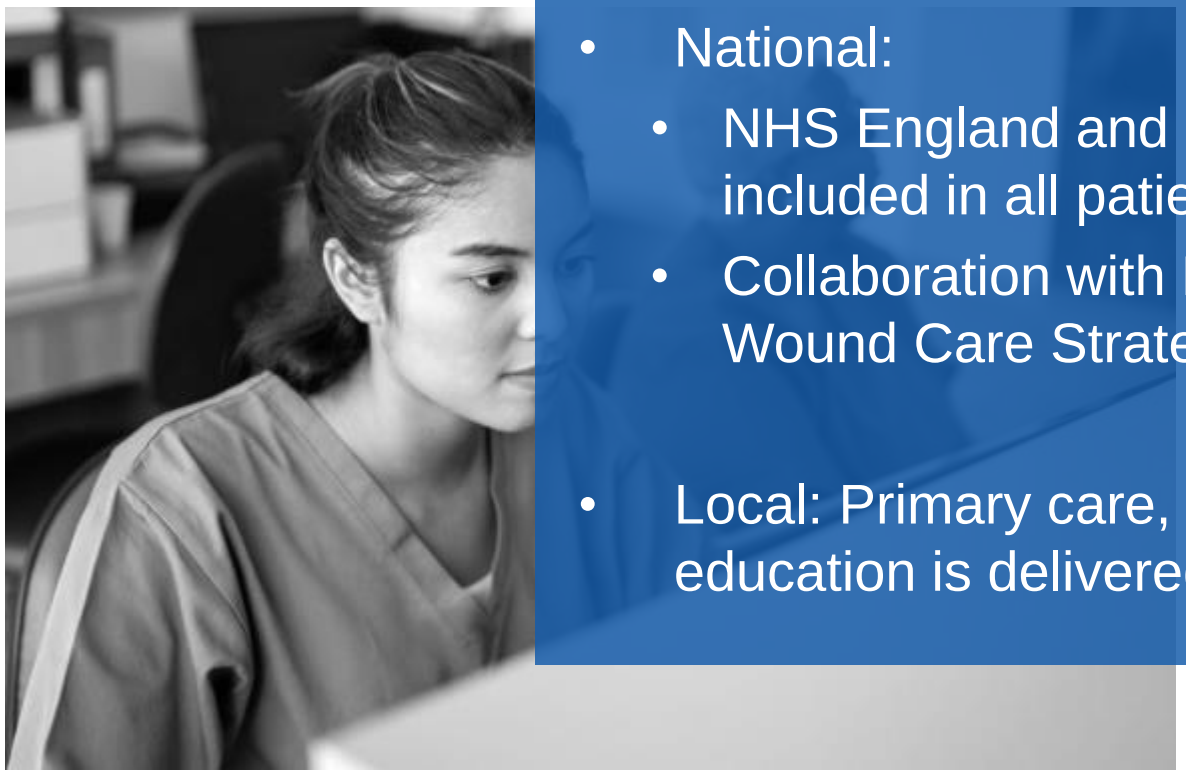
Diabetes and lower-limb complications

'Recommendations to Implementation'

- Many publications
- Significant number of recommendations with similar themes
- Clarity of responsibility for recommendation
- Accountability for implementation of recommendation
- Coordinated, consistent and supportive approach
- Prioritisation and planning

- Recommendation Register and tracker
- Recommendation Group
- National and Local

Diabetes and lower-limb complications



- Recommendation 1: Education and Training
- National:
  - NHS England and NHS Improvement: footcare component included in all patient diabetes education programmes
  - Collaboration with Health Education England and the National Wound Care Strategy Programme
- Local: Primary care, community podiatry and commissioners ensure education is delivered to patients, and that it is recorded and audited

Diabetes and lower-limb complications

- Recommendation 2: Pathways and the provision of consistent services
- National:
  - NHS England and NHS Improvement work with stakeholders to standardise the remit and function of Multi-disciplinary footcare teams (MDFT) and Foot Protection Services (FPS)
  - All guidance and recommendations to include clear definitions e.g. defining what a diabetic foot ulcer or a limb-threatening emergency is
  - All guidance and recommendations to be clear, if use ‘if suspect’ or ‘if clinical concern’ avoid variation in interpretation by specifying what evidence/results should first be gathered, to then guide the level of concern or reassurance that follows

Diabetes and lower-limb complications

- Recommendation 2: Pathways and the provision of consistent services
- Local:
  - Streamlined pathways across primary care, community, acute and inpatient teams.
  - Recommend a local ‘Pathway Lead’ – link across clinical teams and also between clinicians and commissioners
  - Pathways and referral processes clearly documented, promoted, and available on intranet/extranet

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- Recommendation 3: Biomechanics and offloading (pressure relief)
  - All services to be providing evidence-based offloading
  - Orthotists to be part of MDFT
  - Offloading protocol documented with a standard operating procedure. To include plan with support from commissioners to progress to implementing evidence-based offloading if not already in practice

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- Recommendation 4: Commissioning of services
  - Integrated Care Boards: Ensuring a single pathway between primary care, community, acute and inpatient teams.
  - This includes working with NHS Digital to ensure aligned technology and access to patient notes
  - Clinical teams supported to participate in national and local audits

Diabetes and lower-limb complications

- Recommendation 5: Public health campaign
  - Working with charities, including Diabetes UK, to promote awareness at local and national level.
    - Promote importance of preventive lower limb care and empower patients
    - Encourage open conversations to ensure morbidity and mortality associated with diabetic foot disease is recognised and discussed

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- Recommendation 6: Leadership and workforce
  - Working with NHS England and NHS Improvement, as well as Health Education England, to ensure retention of Podiatrists and Orthotists
    - Advancing clinical practice reflected in the remit and roles available – ensure decision making capability
  - Clinicians involved in MDFTs have this job-planned into their roles, with at least one member of the MDFT having admitting rights

Diabetes and lower-limb complications

- Recommendation 7: Participation in the National Diabetes Footcare Audit (NDFA) and local service audits
- National:
  - NHS England and NHS Improvement work with Integrate Care Boards to ensure all services participate in the National Diabetes Footcare Audit
- Local:
  - Reflecting on the care provided following all lower limb amputations, and having the ability to capture and feedback learning across all teams involved in the care of the patient

Thank you

Nicole Mottolini
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n.mottolini@nhs.net

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