



Feet in focus: A report on patient experience
of diabetic foot care services in Suffolk

March 2017

Acknowledgements

This report and analysis was completed by Sarah Beadle (Healthwatch Suffolk Research and Development Officer).

With special thanks to the following professionals for their support and assistance during this project;

- Dr Gerry Rayman, The Diabetes and Endocrine Centre, The Diabetes Foot Clinic and Diabetes Research Unit, Ipswich Hospital
- Martin Bate, Project Manager and Diabetes Lead, The NHS West Suffolk Clinical Commissioning

Healthwatch Suffolk would also like to extend thanks to the following services for their support and assistance with dissemination during this project:

- The Diabetes and Endocrine Centre at the Ipswich Hospital NHS Trust
- The West Suffolk Hospital NHS Trust

- The Podiatry Team at Suffolk Community Healthcare

Finally, Healthwatch Suffolk would like to thank every respondent who took the time to respond to our survey about their experiences of using diabetic footcare services in Suffolk.



A note about accessibility:

Healthwatch Suffolk aims to ensure that its information is accessible to all. If you would like this information in another format or language, please contact its team on 01449 703949.

Foreword



This survey should reassure those with diabetes that the foot care provided in Suffolk is of a high standard compared with the rest of the country. It is also very helpful as it reveals areas in which we need to improve, in particular having people with diabetes know their risk of developing a diabetes foot complication and what to do in event of a complication.

In response to this, we are working with the East of England Clinical Network to produce an information card for people with diabetes which explains their risk and what to do in an event of them developing a foot problem. I would like to thank the team at Healthwatch Suffolk for this initiative which is so important in improving the care of people with diabetes in our community.

Dr. Gerry Rayman (*Head of Service at the Diabetes and Endocrine Centre, and the Diabetes Research Unit at Ipswich Hospitals NHS Trust*)



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Did you know?

Diabetes is estimated to cost the NHS £10 billion per year. Acting early to prevent complications limits their impact on people's lives and saves the NHS money.



Introduction

Healthwatch Suffolk is the consumer champion for Health and Social Care Services in Suffolk. We are passionate about improving services for local people.

In early September 2016 the Care Quality Commission (CQC), independent regulator of health and social care in England, released findings from an engagement report. This report stated that nearly 3.5 million people were living with diabetes in England and predictions were that prevalence could rise to 4.6 million by 2030.

The report highlights that it is a critical time for all health and social care services to address diabetes care (CQC, 2016). Healthwatch Suffolk is intent on supporting the diabetes services for the people of Suffolk. This project sets out to examine diabetes foot care to determine areas of good practice and areas for improvement.

The Chief Executive for Healthwatch Suffolk met Dr. Rayman, specialist in diabetic foot care at Ipswich Hospital in 2014. During this meeting, Healthwatch Suffolk and Ipswich Hospital agreed to work in partnership to explore patient's experience of diabetes foot care.

Dr Rayman noted there are concerns about the implementation of the NICE guidelines across England. These relate to the percentage of patients receiving an annual foot check, the percentage who know their risk of diabetic foot ulceration and, for those found to be at risk, the percentage who know what to do to prevent foot ulceration and what to do if they develop an ulcer and/or foot infection.

Finally, the provision of diabetes foot protection services for those requiring regular preventative treatment (i.e those with moderate to high risk of ulceration) and for those already with ulceration and/or infection is patchy across the country.

It was agreed that obtaining information on these aspects of foot care in Suffolk would be helpful in establishing the gaps - if any - in the current provision of diabetic foot services in Suffolk and the impact on the current services on patients understanding of their foot own foot care needs.

The aims of this project were:

1. To explore the experiences of people with diabetes including the regularity of receiving foot checks and their satisfaction with services that they have accessed
2. To explore diabetic patients knowledge and awareness of their own risk of developing diabetes related foot complications in the future.

The objectives of this project were:

1. To administer a survey to patients with diabetes who access foot care services in Suffolk and to explore their experience of accessing these services

2. To identify how many people with diabetes who access foot care services in Suffolk receive an annual foot check
3. To identify how many people with diabetes who access foot care services in Suffolk are informed of their 'risk category' of developing foot complications in the future.

Background

The National picture

Diabetes

Diabetes is one of the biggest health challenges facing the UK today (Putting Feet First, 2009). It is estimated that more than one in twenty people has diabetes (Diabetes in the UK, 2012). Diabetes, particularly if poorly controlled, can lead to the development of foot problems. It is the leading cause of foot amputations in the UK.

Recently, Diabetes UK released figures that suggest up to 135 diabetes-related foot amputations occur every week in England. Surprisingly, one in three people with diabetes do not realise that having the condition increases their risk of having an amputation (Diabetes UK, 2011). Therefore, it is essential that people living with diabetes are fully informed. This includes information regarding the increased possibility of amputation and the preventative measures that ensure this does not become a reality for diabetic patients. They need to know that they should have annual screening to determine whether they are at increased risk. They should also know that if at risk, self foot care, being aware of early signs of infection and ulceration and regular follow up by the diabetes foot

prevention service will significantly reduce the risk of foot ulceration and amputation.

The two main conditions which affect the feet and put patients at risk are disease of the blood vessels to the feet (peripheral arterial disease) and disease of the nerves of the feet (peripheral neuropathy). Peripheral Arterial Disease is associated with reduced blood supply which can lead to foot skin ulceration. Peripheral Neuropathy results in a loss of ability to feel pain which can result in an increased risk of injury, skin ulceration and/or infection which is often unnoticed.

Untreated foot ulceration and/or infection can progress to amputation. For these reasons patients with diabetes should receive an annual foot examination to determine whether their foot sensation is intact and their blood supply to the feet is good. If either neuropathy or arterial disease is found, the patient should be informed that they are at increased risk of foot ulceration and if both are present that they are at high risk.

For those at risk, advice should be given on how to avoid injury and what to do if a foot ulcer and/or infection occurs. The patient should receive regular reviews



Did you know?

Diabetes is the leading cause of amputation in the UK. People living with with the disease are 15 times more likely to undergo amputations than other people without the disease (Diabetes UK, 2016)

by a podiatrist trained to care for the feet of people with diabetes. Those with high risk and those who have already ulcerated should receive an initial review by the multidisciplinary diabetes foot clinic.

Diabetes UK's latest figures show that despite a huge focus on preventing diabetes-related amputations, the rates of amputations (major and minor) have stayed the same. In fact, as the number of people diagnosed with diabetes over the last 20 years has increased so dramatically, the number of diabetes-related amputations is actually rising.

Management of foot care

There are many consequences of poor diabetic foot care and national guidelines highlight that they must not be ignored (Putting Feet First, 2009). Importantly, diabetic foot problems have a significant financial impact on the NHS through outpatient costs, increased bed occupancy and prolonged stays in hospital (NICE, 2011). Poor diabetic foot care can also significantly reduce a person's quality of life, by reducing their ability to be mobile, which may lead to loss of employment, depression and damage to or loss of limbs (NICE, 2011).

Good diabetes management has been shown to reduce the risk of complications, and evidence suggests that when diabetes is not well managed it is associated with serious complications. The primary objective in managing diabetic foot problems is to promote and enhance a patient's mobility (NICE, 2011).

If a person living with diabetes is free of foot problems or is living with manageable foot problems, then it increases their chances of being able

to move independently which may positively impact their quality of life. Therefore, there is a strong economic and social case to ensure that people living with diabetes are aware of the risk of developing foot disease.

National Care Guidelines

It is widely recognised within public health and medical fields that foot problems require urgent attention. The evidence base suggests that a delay in recognition of diabetic foot disease and its management increases morbidity, and mortality and contributes to a higher amputation rate (Reiber et al. 1999 in NICE, 2011).

Diabetes UK and partners produced guidance to enable proper management of acute onset, or deteriorating, disease of the diabetic foot with the aim of preventing amputation. This paper suggested that commissioners need to work together with providers, healthcare professionals and people with diabetes within local diabetes networks, to deliver high quality integrated care (Putting Feet First, 2009). Therefore, it is important to provide patients with the chance to share their views and experiences of the diabetic foot care that they have received in Suffolk.

In September 2016, the Care Quality Commission (CQC) published a review that explored the quality of care for people with diabetes in England. The CQC found that provision of care and support to help people successfully self-manage their diabetes is sometimes not flexible enough to support or responsive to their needs (CQC, 2016). Healthwatch Suffolk has taken the guidance referred to above into consideration whilst designing the methodology that is to

be adopted and the survey that is to be disseminated for this project.

The population of Suffolk

The local picture

According to data from the 2011 Census, the population of Suffolk has risen by 8.9% since 2001, which makes it the fifth fastest growing shire county in England. The current population of Suffolk is roughly 728,163 (2011 Census). The majority of the population are aged 65 years and over. It is estimated that out of all adults living with diabetes, 10% have Type 1 diabetes and 90% have Type 2 diabetes. Nationally, there is a higher prevalence of diabetes within the age group 65-74 (15.2%) and 75+ (15.9%). Therefore, it is important to note that the number of people over the age of 75 in Suffolk has increased by 16%.

Office for National Statistics population estimates suggest that by the time of the next Census, due in 2021, the population of Suffolk may have increased to 778,000, with notable projected increases in the older age groups (Suffolk Observatory, 2014), which suggests that there may be a higher incidence of diabetes within Suffolk. These statistics highlight the importance of investing in good management of diabetic foot care in Suffolk before the numbers of people living with diabetes rises.

This survey aimed to assess foot care across the whole of Suffolk. Unfortunately, participation was over 90% from East Suffolk which limits the population analysis and also comparisons across the county. The population of Ipswich and East Suffolk is approximately one third greater than that of West Suffolk and should

therefore be taken into consideration when comparing unadjusted data.

For Ipswich and East Suffolk between 2011/12 and 2013/14 there were 1,066 episodes of care for diabetic foot disease which accounted for 6,708 nights in hospital. The figures for West Suffolk were lower as the population is smaller; 816 episodes of care for diabetic foot disease which accounted for 6,621 nights in hospital.

The annual rate of episodes of care for diabetic foot conditions with diabetes is significantly higher in West Suffolk Hospital than the national average, but not significantly different to the national average in Ipswich and East Suffolk. Between 2011 and 2014 there were 35 major amputations in West Suffolk and 36 major amputations in Ipswich and East Suffolk. Neither of these rates are statistically different to the national average.

Between 2011 and 2014, 357 different patients from West Suffolk were admitted for foot disease as were 387 different patients from Ipswich and East Suffolk. 64% of patients with foot disease from West Suffolk and 62% of patients from Ipswich and East Suffolk had more than one episode of care in the three years, which is significantly higher than the national average. 22% of patients from West Suffolk and 23% of patients from Ipswich and East Suffolk had more than four periods of care, which were significantly higher than the national average.

This evidence and the associated statistical findings suggested a need for exploration of diabetic patient foot care in Suffolk and subsequent patient experience of such services. It should be noted that increased episodes of

outpatient care is good care as this prevents recurrent ulceration, reducing need for inpatient care and prevents amputation. Thus, although Ipswich and East Suffolk has above average episodes of outpatient diabetes foot care it has significantly less hospital bed occupancy than other CCGs in the East of England per 1,000 of the diabetes population.



Methodology

Surveys

The method was administered surveys that included closed questions (quantitative) and open-ended questions (qualitative).

Anybody living in Suffolk with a known diagnosis of Type 1 or Type 2 diabetes was invited to complete the survey in an anonymous manner. The questions within the survey aimed to assess patient's experiences of receiving diabetic foot care in Suffolk. Specifically, patients were asked to provide the name of the service in Suffolk that currently provided them with their diabetic foot care, their views about the levels of service provided from staff and their perceptions of care that they received, and details about the last diabetic foot check that they received.

Limitations

Certain limitations of the methodology should be highlighted when considering the findings. A higher proportion of the respondents received their diabetic foot care from the Ipswich Diabetes Centre at the Ipswich Hospital NHS Trust. A much smaller proportion of respondents shared experiences of accessing their diabetic foot care from the West Suffolk NHS Hospital Trust.

Findings may not reflect an accurate picture of diabetic patients accessing diabetic footcare in the community. Findings provide a valuable insight in to the experiences of patient's accessing diabetic footcare services in Suffolk, however we cannot claim to

be representative of the entire diabetic population due to the response rate and demographic of the respondents.

Dissemination

The dissemination process was carried out over a five-month period (February to June, 2016). 2,500 surveys were printed by Healthwatch Suffolk and delivered to various organisations that had agreed to aid in the dissemination process. Additionally, the questionnaire was advertised on the Healthwatch Suffolk website, by other voluntary organisations throughout Suffolk, the Healthwatch Suffolk Community Development Team and electronically to Healthwatch Suffolk's existing network of contacts within the community.

The survey was also circulated by the Healthwatch Suffolk Information Team in the following ways:

- An article in the Healthwatch Suffolk quarterly newsletter issued to Friends and Members (the newsletter and biweekly update reach over 3,100 local people who have registered as friends or members of Healthwatch Suffolk);
- Repeated articles in Healthwatch Suffolk electronic fortnightly updates;
- Regular social media updates on Facebook and Twitter; and
- Front-page feature on the Healthwatch Suffolk website including a banner animation with supporting updates on the news, consultation and surveys page.

A survey was used to collect responses from diabetic patients.



Additional partners were the Diabetes and Endocrine Centre at the Ipswich Hospital NHS Trust and the West Suffolk Hospital NHS Trust. 500 surveys were disseminated via community nurses at West Suffolk Hospital and copies of surveys were left around the waiting room. 1,000 surveys were disseminated to diabetic patient's postal addresses who had accessed diabetic foot care services at Ipswich Diabetes Centre at Ipswich Hospital.

All surveys (printed and online) were accompanied by a cover letter, which explained the rationale for the project. The person with diabetes was provided

with contact details of a Research and Development Officer at Healthwatch Suffolk, should they have any questions or require the survey in an alternative format.



Findings and Analysis

A few key questions were analysed in more depth. The response rates were categorised by name of service provider and/or risk category.

Section One: About you

'Do you have diabetes?'

536 respondents completed this survey, however 527 stated 'yes' they had diabetes. 527 respondent's answers were therefore included in further analysis.

'Which type of diabetes do you have?'

Out of 527 respondents, 514 respondents answered the question. 31% (n=158) of respondents stated that they had Type 1 diabetes, 69% (n=356) of participants stated that they had Type 2 diabetes.

The over representation of patients with Type 1 diabetes compared with the expected 10% of the diabetes population reflects the high recruitment and response from patients attending the Ipswich Diabetes Centre.

'Do you take insulin for your diabetes?'
(See figure 1)

Out of 527 respondents, 504 respondents answered the question. 66% (n=331) said 'yes', 34% (n=173) said 'no'.

Again, this reflects the greater proportion of respondents who were in specialist care compared to that expected for the general community.

Figure 1: Do you take insulin for your diabetes?



'Have you currently got or have you previously had a foot ulcer or amputation?' (See figure 2)

Out of 527 respondents, 522 respondents completed this question. 6% (n=31) said 'yes', 90% (n=469) said 'no', 4% (n=22) said 'other'.

158 respondents who said they had Type 1 diabetes, answered this question. 4% (n=6) said 'yes', 94% (n=148) said 'no', 2% (n=4) said 'other'.

Out of 365 respondents who said that they had Type 2 diabetes, 351 answered this question. 7% (n=25) said 'yes', 88% (n=308) said 'no'. 5% (n=18) said 'other'.



Did you know?

People with diabetes have an increased risk of cardiovascular disease such as stroke or heart attack. When combined with smoking, the chances of developing these diseases becomes even higher.

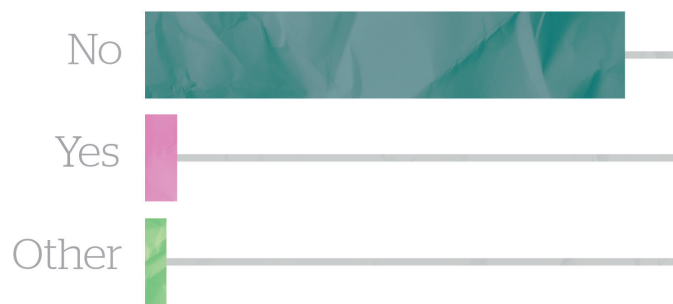


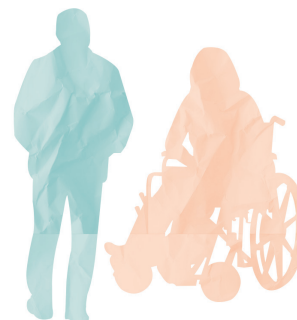
Figure 2: Have you previously had a foot ulcer or amputation?

'Have you had any other foot problems associated with diabetes within the last five years?'

Out of 527 respondents, 517 respondents completed this question. 2% (n=11) said 'yes', 73% (n=379) said 'no' and 25% (n=127) provided a further explanation to their answer.

Out of 365 respondents who said that they had Type 2 diabetes, 347 respondents answered this question. 2% (n=8) said 'yes', 69% (n=238) said 'no', 29%

(n=101) provided a further explanation. Out of 158 respondents who said that they had Type 1 diabetes, 157 answered this question. 2% (n=3) said 'yes', 83% (n=131) said 'no', 15% (n=23) provided a further explanation.



Section 2: Service provider

'Which of the following service(s) care for your diabetes and/or your feet' (See figure 3)

Out of 527 respondents, 509 respondents completed this question.

59% of respondents (n=301) stated that they received care for their diabetes from their GP practice (doctor's surgery). 56% of respondents (n=286) stated that they received care for their diabetes from the Ipswich Diabetes Centre. 25% of respondents (n=126) stated that they received care for their diabetes from their local NHS podiatrist. 12% of respondents (n=60) stated that they

received care for their diabetes from the Ipswich Diabetes Foot Clinic. Only 7% of respondents (n=35) stated that they received care for their diabetes from West Suffolk Hospital indicating a very low participation rate from this organisation which should be taken into consideration when interpreting the findings of this survey. 4% of respondents (n=21) stated that they received care for their diabetes from Suffolk Community Healthcare/NCHC. 1% of respondents (n=6) stated that they did not know where they received their diabetic foot care from. Less than 1% of respondents (n=2) stated n/a or I do not know.

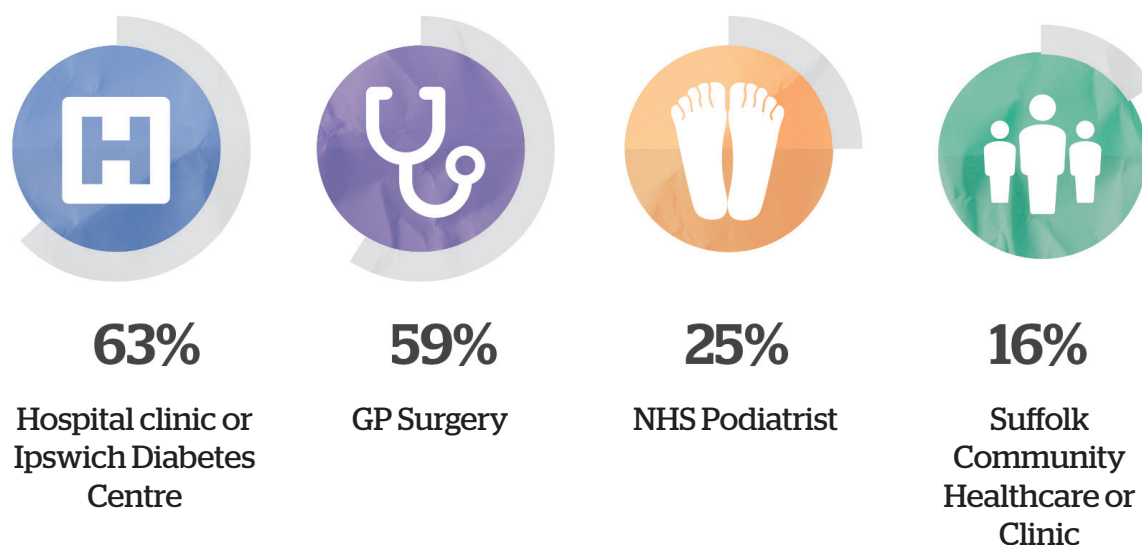


Figure 3: Which services care for your feet?

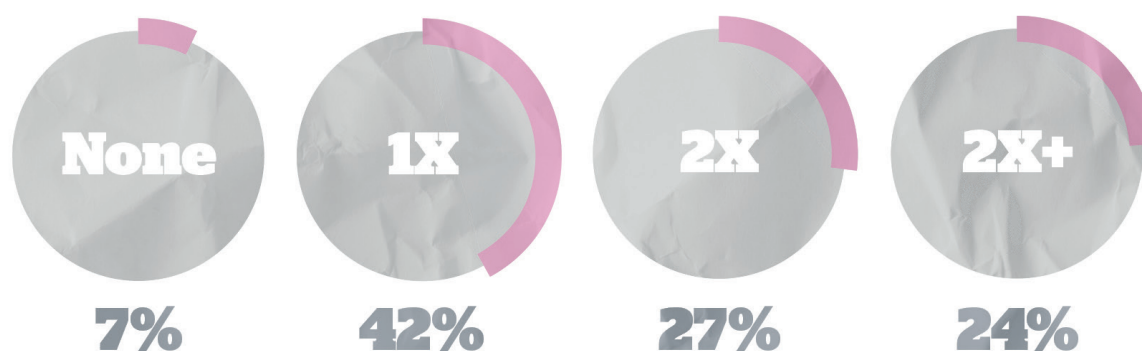


Figure 4: How often has a health professional examined your feet (last 12 months).

'In the last 12 months how often has a health professional examined your feet?' (See figure 4)

Out of 527 respondents, 504 respondents completed this question.

7% of respondents (n=34) stated 'Not at all', 42% of respondents (n=209) said 'once', 27% of respondents (n=138) said 'twice', 24% of respondents (n=123) said 'more than twice'. No respondents stated that this question was 'N/A'. Thus, 93% had a foot examination in the last 12 months which significantly exceeds the national average.

Type 1 - 151 answered this question, 5% (n=8) said 'not at all', 53% (n=80) said 'once', 28% (n=42) said 'twice', 14% (n=21) said 'more than twice', no said 'n/a'.

Type 2 - 341 answered this question, 8% (n=26) said 'not at all', 36% (n=122) said 'once', 27% (n=93) said 'twice', 29% (n=100) said 'more than twice', no said 'n/a'.

'Who conducted your last foot examination?' (See figure 5)

Out of 527 respondents, 516 respondents answered this question. 4% of respondents (n=21) said 'GP', 31% (n=161) said Diabetes Specialist Nurse, 31% of

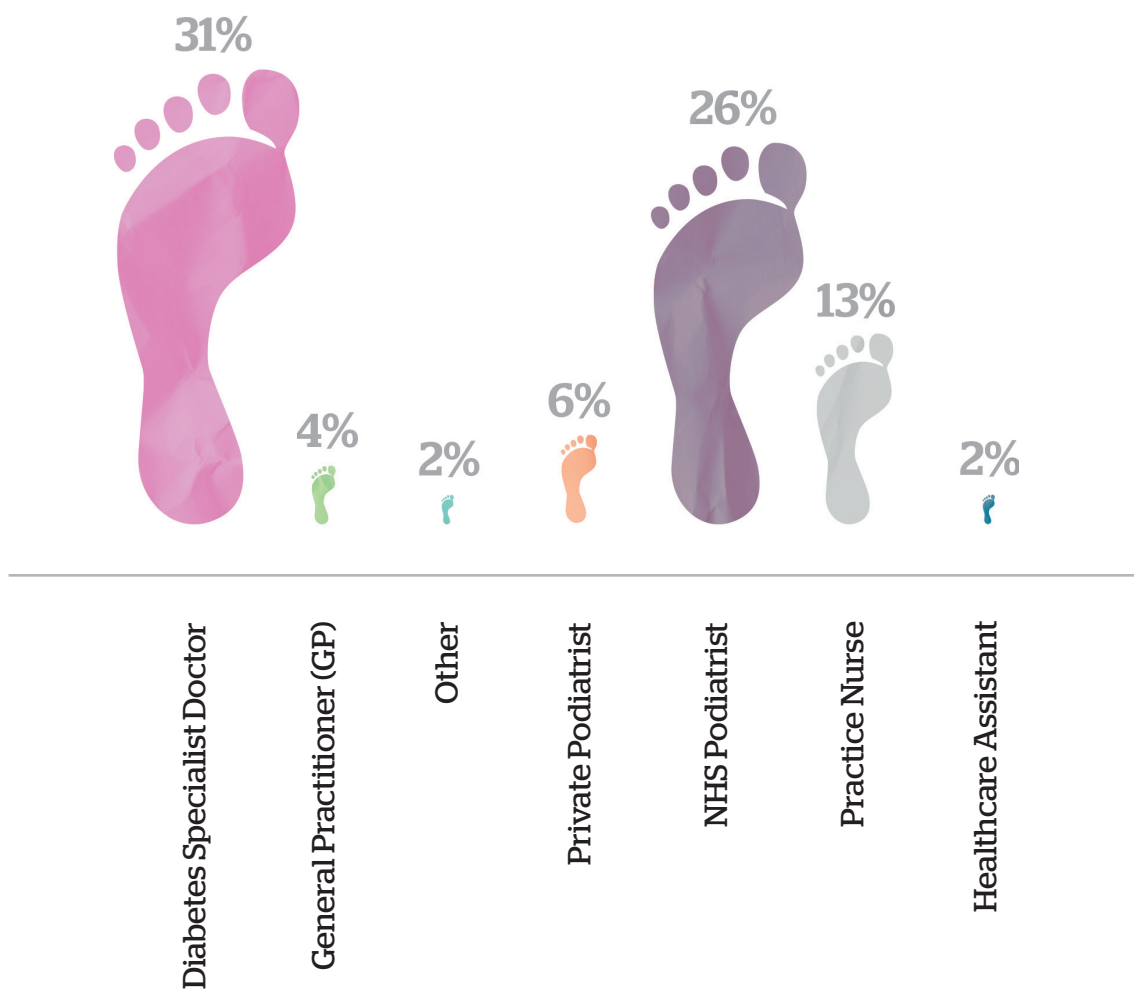


Figure 5: Who conducted your last foot examination?

respondents (n=158) said 'Diabetes Specialist Doctor', 2% of respondents (n=11) said 'Other diabetes specialist', 6% (n=29) of respondents said 'Private podiatrist', 26% of respondents (n=136) said 'NHS Podiatrist', 13% of respondents (n=69) said 'Practice Nurse', 2% (n=12) said 'Healthcare Assistant', <1% of respondents (n=2) said 'I do not know', 1% of respondents (n=6) said 'N/A', 3% of respondents (n=14) said 'other'.

That 31% of respondents who replied 'Diabetes Specialist Doctor' reflects the high recruitment of patients from the Ipswich Diabetes Centre.





Did you know?

Diabetes UK's 'Taking Control' campaign aims to increase the provision and uptake of diabetes self-management education, so that everyone with diabetes has the skills and confidence to take control of the disease.

Section Three: Your foot examination

'Overall, how would you rate the advice you have received for your feet during your last foot examination?' (See figure 6)

Out of 527 respondents, 496 respondents completed this question. The average rating for advice was 7.97 (2.29), ranging from 1 to 10.

275 respondents who stated that they receive their diabetic foot care from Ipswich Diabetes Centre, also answered this question. The range of scores was between 1-9 and the mean score was 8.29 (2.05).

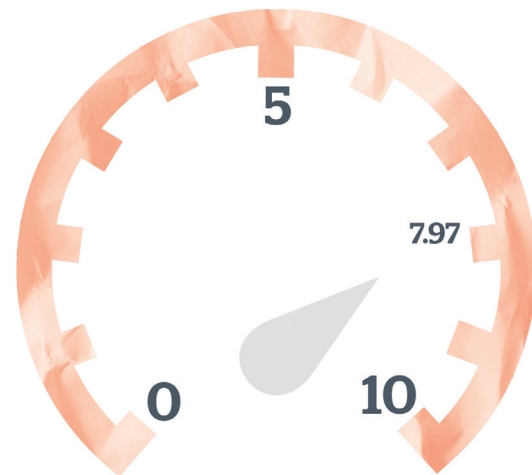
33 respondents who stated that they receive their diabetic foot care from West Suffolk Hospital, also answered this question. The range of scores was between 1-10, and the mean score was 8.09 (2.45).

'Overall, how would you rate the service you have received for your feet during your last foot examination?' (See figure 7)

Out of 527 respondents, 468 respondents completed this question. The average rating of service was 8.00 (2.30), ranging from 1 to 10.

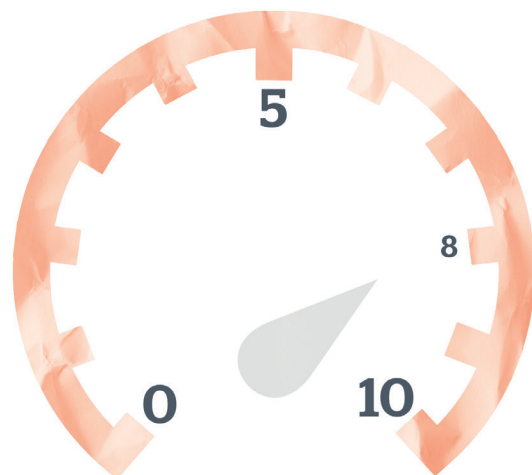
258 respondents who stated that they receive their diabetic foot care from Ipswich Diabetes Centre, also answered this question. The range of scores was between 1-9, the mean score was 8.27 (2.15).

32 respondents who stated that they receive their diabetic foot care from West Suffolk Hospital, also answered this question. The range of scores was between 5-10, the mean score is 8.72 (1.66).



Advice

Figure 6: How would you rate the advice you have received?



Service

Figure 7: How would you rate the service you have received?

'During your last foot examination, were your bare feet examined? For example, were your socks, shoes bandages/ dressings all removed?'

Out of 527 respondents, 495 respondents completed this question. 96% of respondents (n=473) said 'Yes', 2% of respondents (n=9) said 'No', 1% of respondents (n=6) said 'Partly', no

respondents said 'I do not know' and 1% of respondents, (n=7) said 'Not applicable'.

Out of 286 respondents who stated they received their diabetic foot care from the Diabetes Centre, 273 answered this question. 97% (n=265) said 'yes', 1% (n=3) said 'no', less than 1% (n=2) said 'partly', no respondents said 'I don't know' and 1% (n=3) said 'n/a'.

Out of 35 respondents who stated that they received their diabetic foot care from West Suffolk Hospital, 35 answered this question, 94% (n=33) said 'yes', 3% (n=1) said 'no' and 3% (n=1) said 'partly'.

During your last foot examination, did the health professionals examine the pulses in your feet? (See figure 8)

Out of 527 respondents, 499 respondents completed this question. 82% of respondents (n=408) said 'Yes', 12% of respondents (n=59) said 'No', 6% of respondents (n=31) said 'I do not know'

and <1% of respondents, (n=1) said 'Not applicable'.

Out of 286 respondents who stated they received their diabetic foot care from the Diabetes Centre, 276 answered this question. 84% (n=231) said 'yes', 10% (n=27) said 'no', 6% (n=17) said 'I do not know' and less than 1% (n=1) said 'n/a'. Out of 35 respondents who stated they received their diabetic foot care from the West Suffolk Hospital, 35 answered this question. 86% (n=31) said 'yes', 9% (n=3) said 'no' and 3% (n=1) said 'I do not know'.

'During the last foot examination, did the health professional assess your ability to feel sensation at your toes?' (See figure 9)

Out of 527 respondents, 492 respondents completed this question. 83% of respondents (n=407) said 'Yes', 13% of respondents (n=64) said 'No', 4% of respondents (n=20) said 'I do not know' and <1% of respondents, (n=1) said 'Not applicable'.



Figure 8: During your last examination, did a health professional check the pulses in your feet?



Figure 9: During your last examination, did a health professional assess your ability to feel sensation in your toes?

Out of 286 respondents who stated they received their diabetic foot care from the Diabetes Centre, 271 answered this question. 86% (n=240) said 'yes', 8% (n=21) said 'no', 3% (n=9) said 'I do not know' and <1% (n=1) said n/a.

Out of 35 respondents who stated they received their diabetic foot care from West Suffolk Hospital, 34 answered this question. 79% (n=27) said 'yes', 9% (n=3) said 'no' and 12% (n=4) said 'I do not know'.

'After the foot examination you should have been informed of your risk of developing a diabetic foot problem. Which group are you in; low, moderate or high risk?' (See figure 10)

Out of 527 respondents, 497 respondents completed this question

(see Graph 11). 25% of respondents (n=123) said 'low risk', 16% of respondents (n=77) said 'moderate risk' and 9% of respondents (n=44) said 'high risk'. 32% of respondents (n=157) were not told about their risk of developing a diabetic foot problem. 17% of respondents (n=85) stated that 'they did not know' and 2% of respondents (n=11) stated that this question was 'n/a'.

Out of 286 respondents who stated they received their diabetic foot care from the Diabetes Centre, 274 answered this question. 28% (n=77) said 'low risk', 15% (n=40) said 'moderate risk', 10% (n=27) said 'high risk' and 28% (n=76) said 'I was not told'. 18% (n=48) said 'I do not know' and 2% (n=6) said not applicable.

34 from West Suffolk Hospital answered this, 29% (n=10) said 'low risk', 9% (n=3) said 'moderate risk', 9% (n=3) said 'high risk', 27% (n=9) said 'I was not told' and 21% (n=7) said 'I do not know'.

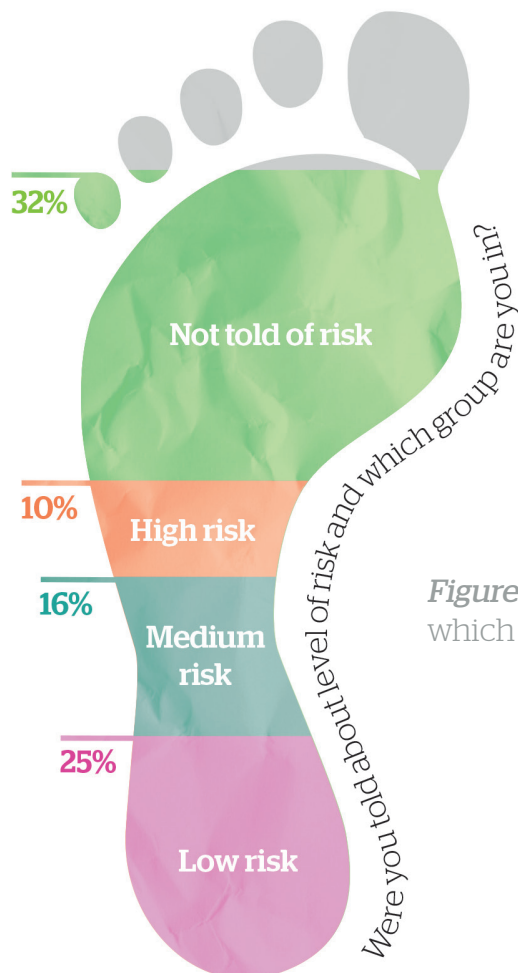


Figure 10: Were you told about level of risk and which group are you in?



Did you know?

Physical activity lowers your blood glucose level. It is therefore very important to exercise regularly if you have diabetes. It is reported that physical activity can reduce your chance of Type 2 diabetes by up to 40%.

Section Four: Provision of Information

'During your examination, were you given advice about how to look after your feet?' (See figure 11)

Out of 527 respondents, 486 respondents completed this question. 65% of respondents (n=316) said 'yes', 28% (n=136) of respondents said 'no', 4% of respondents (n=18) said 'I do not know', 3% of respondents (n=16) said 'Not applicable'.

'Please select how you were given this information. Please select all options that apply.' (See figure 13)

Out of 527 respondents, 388 respondents completed this question. 10% of respondents (n=39) stated that they were given 'Written (e.g. a printed leaflet)' information, 76% of respondents

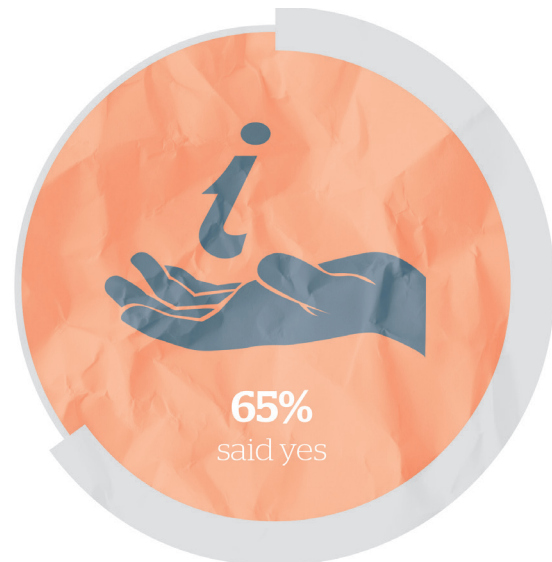


Figure 11 Were you given advice about how to look after your feet?

(n=297) stated that they were given 'Oral information (e.g. a discussion with a nurse or other healthcare professional)'.

Respondents who stated 'Other'	
1	Nil
2	no advice has ever been given
3	computer list
4	diabetic foot clinic
5	discussion with doctor
6	told to contact a podiatrist privately
7	post
8	have had good reports for years
9	by Doctor
10	Not given, nails just cut
11	very little information given about feet
12	seek private treatment you will have to pay, not on NHS
13	this information in the main provided at previous examinations
14	health professional through work email
15	long term patient - recognised as Diabetes aware including feet

Figure 12: Responses from participants that stated 'Other'.

1% of respondents (n=4) stated that they were 'Signposted to the internet', <1% of respondents (n=3) stated that they were 'Signposted to local diabetic service/group e.g. Hospital Diabetic User Group'. <1% of respondents (n=2) stated that they were 'Signposted to national diabetic service/group e.g. Diabetes UK', 1% of respondents (n=4) stated that they were 'Signposted to other healthcare professional e.g. I was referred to a specialist in diabetic care'.

15% of respondents (n=58) stated that this was 'Not applicable'. 4% of respondents (n=15) stated 'Other' (see table on page 24.)

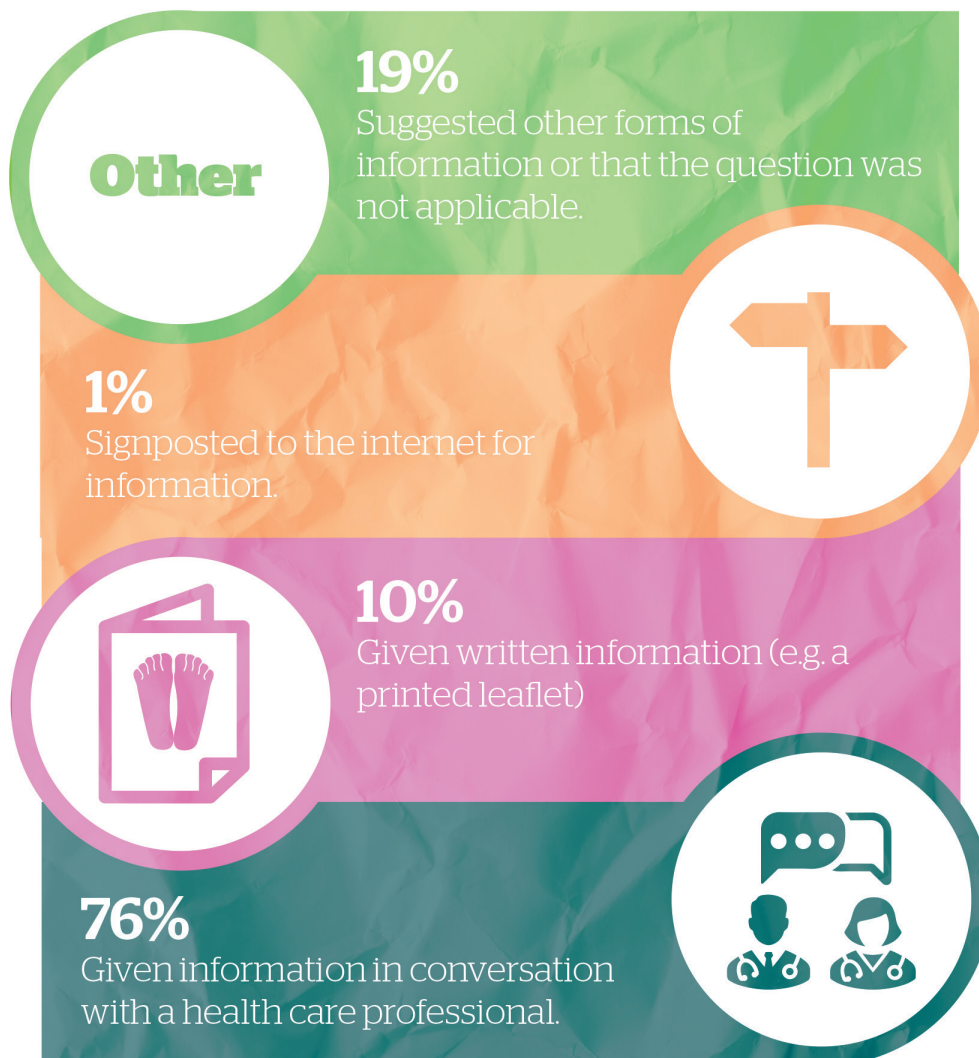


Figure 13: How were you given advice about how to look after your feet?

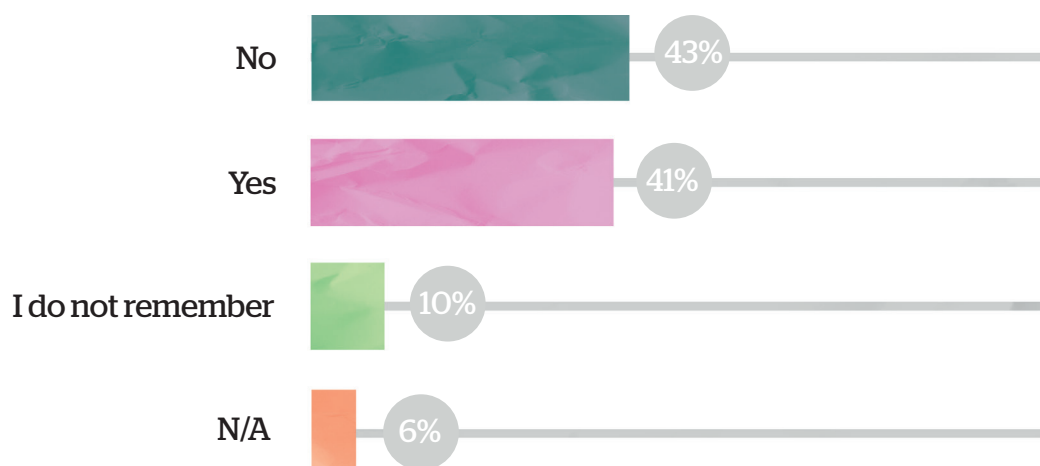


Figure 14: Were you told who to contact if you thought that you had developed a foot problem?

'During your examination were you told who to contact if you thought that you had developed a new foot problem?' (See figure 14)

Out of 527 respondents, 480 respondents completed this question. 41% of respondents (n=199) said 'yes', 43% of respondents (n=206) said 'no', 10% of respondents (n=48) said 'I do not remember' and 6% of respondents (n=27) said 'not applicable'.

Patients who are classed as high or moderate risk of developing future complications should know who to contact if they thought they had developed a new foot problem. Therefore, responses have been split into respondents who stated that they were at moderate risk of and high risk of developing a future problem with their feet.

42 respondents who stated that they were classed as being 'high risk' answered this question. 81% (n=34) said 'yes' they were told who to contact, 14% (n=6) said 'no', 2% (n=1) said 'I do not remember' and 2% (n=1) said 'not

applicable'.

Out of the 6 high-risk respondents who said that they weren't told who to contact if they developed a problem, all 6 shared the name of their service provider. 83% (n=5) said 'My GP', 33% (n=2) said 'the Ipswich Diabetes Centre', 17% (n=1) said their 'local NHS Podiatrist' and 17% (n=1) said 'West Suffolk Hospital'. 76 respondents who stated that they were classed as being 'moderate risk' answered this question. 67% (n=51) said 'yes' they were told who to contact, 28% (n=21) said 'no', 4% (n=4) said 'I do not remember' and 1% (n=1) said 'not applicable'.

Out of the 21 respondents who said that they weren't told who to contact if they developed a problem, 19 shared the name of their service provider. 58% (n=11) said 'My GP', 47% (n=9) said the Ipswich Diabetes Centre, 37% (n=7) said their NHS Podiatrist, 32% (n=6) said the Diabetes Foot Clinic and 5% (n=1) said Suffolk Community Healthcare/ NCHC.

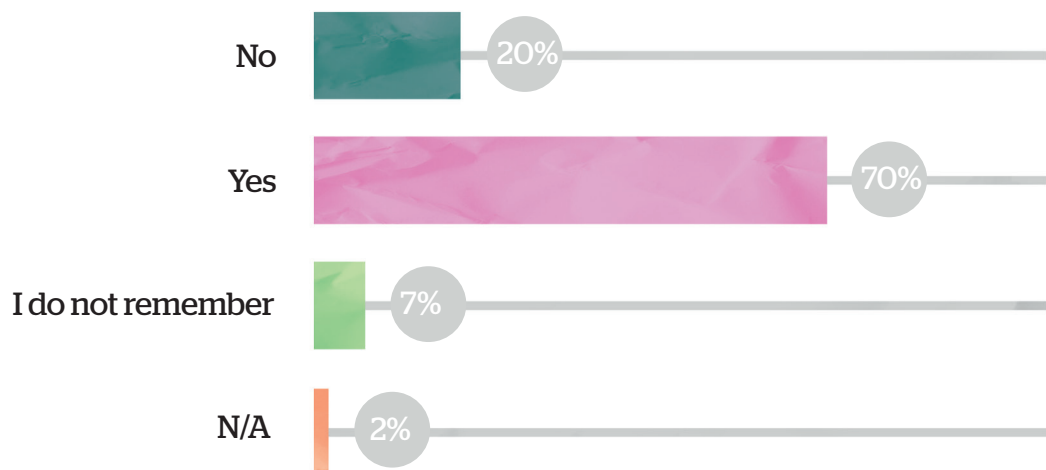


Figure 15: Were you told why it is important to take good care of your feet?

'During your examination were you told why it is important to take good care of your feet?' (See figure 15)

70% of respondents (n=346) stated 'yes' they had been told why it was important to take good care of their feet. However, 20% of respondents (n=98) stated 'no'

they had not been told how to take care of their feet. 7% of respondents (n=37) stated that they did not remember and 2% of respondents (n=12) stated that this question was not applicable to them.

Section 5: Improvements

'How do you think your experience of using diabetic foot care services in Suffolk could be improved?'

Out of 527 respondents, 303 provided a response to this question. 58% (n=175) of responses to this question were from respondents who stated that they received diabetic foot care from their GP Surgery, 52% (n=157) of respondents who stated that they received diabetic foot care from the Ipswich Diabetes Centre, 30 (n=91) of responses were from respondents who stated that they received diabetic foot care from their local NHS podiatrist,

13% (n=39) of respondents who stated that they received diabetic foot care from the diabetes foot clinic, 8% (n=23) of respondents who stated that they received diabetic foot care from West Suffolk Hospital and 6% (n=17) respondents who answered this question stated that they received diabetic foot care from Suffolk Community Healthcare/NCHC.

Suffolk Community Healthcare:

Three comments said that no improvements were needed, three comments referred to positive experiences, three comments stated that more regular checks would be

beneficial to them, five comments referred to the need for more regular toenail cutting service, four comments referred to inadequately long waiting times for appointments, one comment referred to the disparity between care in the clinic and community care and three comments referred to the need for more information to be provided, more attention to swelling and more awareness of the foot care services that are available.

West Suffolk Hospital

Two comments were that no improvements were needed, six referred to positive experiences, three comments stated that more regular checks would be beneficial to them, one comment referred to the need for more regular checks, five comments referred to the need for checks to be carried out in a different way.

Specifically, two comments referred to the need for more advice, one comment stated that they wanted written information, one comment was that not enough time was spent discussing the feet and the final comment was that more time/care should be taken during the examination.

One comment highlighted the need for a toenail cutting service, one comment highlighted that it was difficult to get appointments. One comment highlighted that nurses needed to be more friendly and four comments referred to a negative experience of using the foot care services at West Suffolk Hospital.

One of these comments referred to the need for pulses to be checked every year not just when there is a problem, one comment referred to the fact that

the respondent was not told about NHS funded podiatry services and the final comment referred to the fact that podiatrists at West Suffolk Hospital tend to work in 'different ways' and that 'they weren't always good which causes problems'.

Ipswich Diabetes Foot Clinic

Twenty one comments referred to a respondent's opinion that no improvement was necessary.

42 comments shared positive experiences of receiving diabetic footcare from the Ipswich Diabetes Clinic.

24 comments suggested more frequent foot checks were required, 6 comments were about the toenail cutting service, 3 comments suggested waiting times for appointments were too long, 4 comments suggested a need for an improvement in staff attitude/working patterns, 8 comments referred to the delay when waiting for a prearranged appointment, 13 comments referred to a need to expand the service to provide services that it doesn't currently provide. 8 comments were neutral and 8 comments were negative.

All comments can be found verbatim in Appendix 1.



Did you know?

More than twenty diabetes related leg, foot or toe amputations occur each day. Four out of five of these amputations are preventable if people manage their foot problems well. (Diabetes UK, 2016)

Demographics

Gender

Out of 527 respondents, 477 respondents provided their gender. 55% of respondents (n=261) stated that they were male, 45% of respondents (n=215) stated that they were female, <1% (n=1) stated that they would prefer not to say.

Age group

Out of 527 respondents, 480 respondents provided their age group. No respondents stated that they were under 18, 3% of respondents (n=14) stated that they were aged 19-25, 5% of respondents (n=25) stated that they were aged 26-35, 10% of respondents (n=50) stated that they were aged 36-50, 28% of respondents (n=136) stated that they were aged between 51-64. 52% (n=252) of respondents stated that they were aged 65+. <1% of respondents (n=3)

stated that they would prefer not to say their age group.

Sexual orientation

Out of 527 respondents, 460 respondents provided their sexual orientation. 84% of respondents (n=388) stated that they were 'heterosexual', <1% (n=2) stated that they were a 'lesbian women', <1% of respondents (n=1) stated that they were 'a gay man', <1% of respondents (n=1) stated that they were 'bisexual', 5% of respondents (n=23) stated 'prefer not to say', 10% of respondents (n=45) said 'none of the above'.

Ethnicity

Out of 527 respondents, 472 respondents completed this question, 55 skipped it. The majority



Figure 15: Participant age.

of respondents (92%, n=432) stated that they were 'White British', <1% of respondents (n=2) said they were 'Black British', <1% of respondents (n=2) said they were 'White Irish', 3% of respondents (n=12) said that they were 'White Other', 1% of respondents (n=5) said that they were 'Black or Black British Caribbean'. <1% of respondents (n=1) stated that they were 'Other Black British', <1% of respondents (n=1) stated that they were 'White & Black Caribbean', <1% of respondents (n=1) stated that they were 'White & Asian', <1% of respondents (n=1) stated that they were 'Other mixed', <1% of respondents (n=4) stated that they were 'Indian', 1% of respondents (n=5) stated that they preferred not to say their ethnicity. 1% of respondents (n=6) said 'other'.

(n=31) said 'other'.

Faith/Belief system

Out of 527 respondents, 236 respondents completed this question. 22% of respondents (n=53) said 'Christian', 10% of respondents (n=25) said 'Church of England', 9% of respondents (n=21) said 'CofE', 3% of respondents (n=7) said 'Roman Catholic', 2% of respondents (n=5) said 'Baptist', 1% of respondents (n=3) said 'Methodist', <1% of respondents (n=2), said 'Spiritualist', 'Anglican' (<1%, n=2) and 'Faith' (<1%, n=2).

Disability

Out of 527 respondents, 469 respondents completed this question, 58 skipped it. 62% of respondents (n=292) said 'no', 23% of respondents (n=110), said 'physically disability', 3% of respondents (n=12) said 'mental ill health', 2% of respondents (n=9) said 'prefer not to say' and 1% of respondents (n=6) said 'sensory impairment' or 'learning difficulty'. 7% of respondents



Telephone Interviews

A Research and Development Officer employed by Healthwatch Suffolk completed five telephone interviews with respondents who completed the diabetic foot care survey. The aim of the telephone interviews was to have a more in-depth discussion about the patient's experience and to explore further how they perceive that their experience of accessing diabetic foot care services in Suffolk could be improved.

Four males and one female were interviewed over the telephone.

Themes that arose from the telephone interviews were similar to themes that arose from the qualitative comments at the end of the survey. All five conversations highlighted positive experiences of patients receiving diabetic foot care services in Suffolk. However, each respondent highlighted one area where they felt that their experience could have been improved. These suggestions for improvement are reflected in the seven recommendations at the end of this report.





Did you know?

People with diabetes are at risk of developing a complication called retinopathy. Retinopathy affects the blood vessels supplying the seeing part of the eye and accounts for about 7 per cent of people who are registered blind in England.

Conclusions

Overall findings project a very positive picture of diabetic foot care services in Suffolk. Twenty-eight respondents stated that they felt the service that they had accessed could not possibly be improved or that the service did not need to be improved. A further fifty-six respondents shared positive experiences of having used diabetic foot care services in Suffolk.

In summary, findings from this report provide a unique insight into diabetic patient's experiences of receiving diabetic foot care services in Suffolk. Only 6% (n=31) of respondents stated that they had active foot complications (of which 4% (n=6) had Type 1 diabetes and 7% (n=25) had Type 2 diabetes). Additionally, only 2% (n=11) of respondents stated that they had other foot problems associated with their diabetes within the past 5 years. Three respondents who stated that they had another foot problem within the past 5 years said that they had Type 1 diabetes, whereas eight respondents who had Type 2 diabetes stated that they had another foot problem within the past 5 years. Therefore, it is important to note that increasing awareness of the health benefits of preventative self-care practices and the provision of information and advice is critical for the majority of respondents. The majority of respondents received diabetic foot checks from their GP surgery and Ipswich Hospital.

Only 7% of respondents stated that they had not had a foot check within the past 12 months. However, this percentage

translated into 34 individuals living with diabetes who have not had a foot check. It was reassuring to find that over one third of respondents stated that they had received their annual foot check and just under one third of respondents stated that they had received more than one foot check within the past 12 months.



Recommendations

Recommendation 1: Effective communication about risk category of developing future foot complications

Healthwatch Suffolk would encourage members of management within diabetic foot care services to be familiar with the local and national guidance available and highlight the importance of ensuring that every diabetic patient is informed of their current risk-category of developing foot complications in the future. Additionally, Healthwatch Suffolk highlight the importance of the promotion of the risks of amputation for people with diabetes and provision of education for people with diabetes.

32% (n=160) of respondents stated that they were not told about their risk of developing a diabetic foot problem in the future. Current guidance suggests that diabetic patients should be informed of their risk category of developing future diabetes related foot disease. Findings from this survey suggest that the majority were informed, but over 150 respondents were not informed.

Due to the quantitative nature of the research, the researcher was unable to explore what actually happened during each foot check referred to in the responses. Therefore, it is possible that some health professionals did communicate some information about current risk status but that for some reason it was not delivered in an accessible or memorable way.

Recommendation 2: Provision of information

Healthwatch Suffolk recommend that diabetic foot care service providers review their process of providing information to diabetic patients about how to look after their feet and provide contact details of who to contact if they are concerned about their feet.

28% (n=139) of respondents said they were not given advice on how to look after their feet during their foot examination and 20% of respondents (n=98) stated 'no' they had not been told why it was important to take care of their feet. Importantly, 43% of respondents (n=206) said 'no' they had not been told who to contact if they had developed a new foot problem and 10% of respondents (n=48) said 'I do not remember'.

Due to the importance of preventing foot complications from developing or from worsening, and due to the fact that foot complications in diabetic patients is the leading cause of amputations in the UK, this finding is concerning.

Fifty-four respondents stated that they think diabetic foot care services in Suffolk could be improved by providing more information and advice during the diabetic foot checks. Key themes that arose from responses to this question were; the need to provide feedback to patients as the health professional checks their feet and the need for all patients to be provided with information and advice about how to care for their

feet. Such a high volume of qualitative comments provided from diabetic patients in Suffolk further supports the need for a higher consistency of information provision around self-care practices and contact details of who to contact if a diabetic patient becomes concerned about their feet.

Recommendation 3: Annual foot checks

Healthwatch Suffolk would recommend that diabetic foot care providers in Suffolk continue to deliver a high level of care and advice to diabetic patients in Suffolk.

Reassuringly the majority of respondents stated that they had received an annual foot check within the past 12 months, in line with NICE guidance. Only 7% (n=34) of respondents stated that they had not had a foot check within the past 12 months.

Although this reads as a small percentage this still translates into 34 individuals living with diabetes who have not had a foot check. Due to the quantitative nature of the research it is not possible to explore why all of these 34 respondents have not received an annual foot check. Healthwatch Suffolk highlights the importance of diabetic foot-care patients receiving adequate foot checks and will continue conversations with service providers to encourage as many people as possible to attend their yearly diabetic foot check.

The NICE guidelines recommend that when a diabetic patient's feet are being checked, all items of clothing e.g. socks and shoes should be removed so that the patient's bare feet are examined. The majority of respondents stated that this

was the case only 2% of respondents (n=9) said 'No' and 1% of respondents (n=6) said 'Partly'.

12% of respondents (n=59) said that the pulses in their feet were not assessed during their diabetic foot check and 6% of respondents (n=31) said they did not know whether this happened or not. 13% of respondents (n=64) stated that the sensation in their toes was not assessed and 4% of respondents (n=20) said that they did not know whether the sensation in their toes was assessed. The overall average rating of service was 8, and the overall average rating of advice provided by diabetic foot care services was 7.97 out of 10.

Recommendation 4: Raise awareness of what services are available for toenail maintenance

Healthwatch Suffolk would recommend diabetic foot care providers in Suffolk to inform diabetic patients what services they are entitled to, in relation to toenail management and explain the reasons behind the longer waiting times at present.

Twenty respondents stated that diabetic foot care services in Suffolk could be improved by shorter waiting times for chiropodists/podiatrists who offer a toenail cutting service. Respondents commented that when they started receiving this service they had very regular appointments as regularly as 4-6 weeks apart. However, respondents' comments suggest that waiting times have increased up to six months. Some respondents commented that the increased waiting time causes problems with walking due to overgrown nails, therefore they have had to pay privately for this treatment.

Two respondents shared comments that stated they felt confused about the best practice for cutting their toenails. One respondent had been told that they should not cut their own toenails, however another member of staff had told them that they have to cut them. One member of staff commented that they had no information given to them about which service they should access in order to use a toenail cutting service. Seventeen respondents stated that they access private foot care services.

Responses highlighted a sense of confusion from patients around what type of toenail cutting service they are entitled to in the community. Numerous patients commented that they would like more regular toenail cutting appointments, however it is unclear whether this is something that respondents are entitled to.

Recommendation 5: Reduced waiting times between foot checks

Healthwatch Suffolk would highlight the importance of ensuring that people living with diabetes access diabetic foot care services in a timely manner (once a year) and will aim to work with foot care providers to help them meet this aim.

Sixty respondents stated that they think diabetic foot care services could offer an improved service for patients by offering more regular foot checks. Some respondents stated that they had never received a diabetic foot check, and some respondents stated that they had not been offered a diabetic foot check for a number of years. Twenty respondents commented that they think diabetic foot care services should improve their service by offering reduced waiting times between appointments.

It is difficult to decipher what respondents refer to when they state 'appointments'. If the respondent refers to more regular foot checks, then Healthwatch Suffolk highlight Diabetes UK current recommendations, that patients have a quality foot check by an appropriately trained person at least once a year.

Recommendation 6: Appointment booking process

Healthwatch Suffolk would recommend that diabetic foot care services review the processes that they use to book prospective appointments and improve the process so that it reduces confusion for patients.

Thirteen respondents commented that the diabetic foot care services that they access could be improved by amending or improving the appointment booking process.

Recommendation 7: Integrated working between diabetic foot care services

Healthwatch Suffolk highlight the importance of commitment from all involved health care providers to ensure that a diabetic patient received an integrated service from all services involved in delivering them their diabetic foot care.

Three respondents shared suggestions for improvement that referred to better integrated working between diabetic foot care services and other health providers. One respondent stated that they were very pleased with their diabetic foot check provided by Suffolk Community Healthcare, however they felt that the high level of service and advice provided was not reflected when

accessing diabetic foot care services in the community.

Another respondent stated that GP's and diabetic foot care services should have better methods of communication so that patients' records and appointments are accessible by members of staff at both service. Healthwatch Suffolk recognises that services in Suffolk already adopt a number of processes in order to streamline patient's experiences of different health and social care services.

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Appendix 1:

Comments from patients who receive their diabetic foot care from the Ipswich Diabetes Centre

No improvements necessary

- In my case not
- I don't think it can be or needs to be improved!
- OK AS IS
- I was very satisfied with the service and feel no changes are required
- They don't need to improve!!
- Very good, no improvement could be made
- No improvement needed
- NO NEED FOR IMPROVEMENT
- Can't improve
- I don't think the service could be improved
- I was totally satisfied
- No improvement needed
- No change needed.
- I can't fault them
- I HAVE ALWAYS HAD EXCELLENT FOOT CARE & DON'T THINK YOU CAN IMPROVE EXCELLENCE
- Very happy, no improvement required.
- How do you improve on excellence!
- The service I receive is always really good and I couldn't fault it.
- Not possible
- In my experience so far the care seems good, thank you. No improvements necessary.
- From my experience I don't think they can be improved - I have had extremely good care over the last few years.

Suggested Improvement - More regular foot checks

- Only getting my feet seen to once every four to six months. I think there should be a much shorter waiting time
- More regular checks and communication
- More regular checks
- Regular examinations. I do not have any foot problems
- Only had pulse and sensations checked at annual audit. Have had no access to footcare. Regular checks would be appreciated for longterm care
- Regular visits to podiatrist
- More often
- The amount of time between visits
- More frequent appointments
- More checks
- ONLY HAD ONE VISIT AS NEW DIABETIC
- I would like more frequent appointments

- I think I should be seen by an NHS chiropodist more than once a year. Foot care in Suffolk is very poor
- HAVE THEM CHECKED MORE OFTEN
- I wish I could have my feet done very three months like I was told but some times it's very 4 months. I struggle to cut my nails.
- It could be improved by examination each time you go to clinic. It's over a year since my feet were assessed.# Rather a lengthy period between visits to podiatry clinic at Aldeburgh eg 4 months. I'm told my feet are good but a chiropodist cut my right big toe and the nail grew distorted. The clinic have done an excellent job if getting the nail back to normal. Would just say I was impressed by the care of the foot clinic for my late husband, which made me aware of how to avoid problems. Thank you to all concerned.
- More frequent visits/appointments to the podiatrist at my local health centre.
- More often
- Foot check could be done more often
- Examine the feet at each appointment
- Provide more regular attention to swelling
- Supposed to attend chiropodist clinic about every 3/4 months usually sent for. Haven't been seen for over a year. Was told because of cut backs.
- More frequent examinations
- I think two visits a year would be better than one, my feet suffer because of my job as a plumber.
- Foot care should every six to eight weeks not 4-6 months as at present

More Information and awareness and care provided during checks

- I have been told more than once that it might be advisable to see a chiropodist, but I have not been told how to arrange this or who to contact
- Maybe by giving leaflets for information
- I should have been given advice on how to check my feet and how to help prevent problems if possible
- More information should be given. GP practice see me regularly but concentrate on blood sugar levels and not my feet or legs. My appointments started at 6-8 week intervals. They are now 6 monthly
- More information on the effects of diabetes on your feet
- More feedback
- Giving patients all information available
- Given more information
- By being given explanations by the foot examiner on: condition of foot/feet - advice on care of foot/feet - told of findings
- I would have benefitted from more information around foot examination. Why are they important and what to look for prior to examination and afterward if I were to have concerns.
- Also advice on how to look after my feet would have been helpful. given more guidance and advice on how to look after my feet
- More advice on how to take care of my feet
- Explanations as foot is being examined
- Advising on matters that I am unsure about

- More information could have been given
- Give out advice leaflets to take home to read in private and act as a reminder.
- Everyone be told. I do a lot of walking (every day) lost 7kg in 6 months
- In view of not receiving all information at previous appointments, perhaps a check list could be given to all patients and info on diabetic appointments.
- More information, better assessments.
- To ensure it is always done and who to contact if a problem develops
- Remind people about how to keep feet safe
- It could be improved by: being given a little more information about what is being checked when the feet are examined, some advice regarding how to look after them and who to contact should any problems occur.
- More updates on footcare professionals available to assist with footcare eg nails, skincare etc
- More information, reminders of check ups

Toenail Cutting Service

- The NHS podiatrist concentrates on cutting nails which happens less and less often. My appointments started at 6-8 week intervals. They are now 6 monthly
- Get the NHS podiatrist to do the work that used to be a regular 3 month appointment to have toenails cut. Now it's costing me £105 a year for private attention
- Toe nail cutting service Going on my own experience - I asked at my own doctors surgery for an appointment (had trouble with a toe nail) but it took an age for an appointment to come through and then a long wait for the date itself.
- Every 4 months - I struggle to cut my nails
- More chiropodist a to enable nail cutting
- NEED a toenail cutting service. Have had to pay £20 to have toenails cut by Chiropodist.

Waiting times for appointments too long

- Sometimes it's very hard to get an appointment
- By regular appointments with a skilled diabetic foot care nurse
- I have always to go to clinic and ask for appointment as they are never sent to me

Improvement in staff attitude/working patterns

- Better joined up working between GP's and Diabetes Centre
- More regular appts. I should be every 6 weeks but it never is!
- Pain management. Podiatry reluctance to give prescriptions for items such as creams and specialist hosiery.
- Some staff are excellent and some are a bit casual. This may be an assumption that I know about potential problems.

Timing of appointments

- Keeping appointments on time
- My main treatment was meant to be carried out by the NHS podiatry service, however my supposed 6 month appointments are now so irregular i can't remember when I had my last one.
- I haven't had a my annual check up at the Ipswich diabetes centre it was due last july.
- They might like to have their 1st look at my feet sometime!!!
- I never received a follow up appointment
- My appointments were very irregular up to the beginning of the year. Hopefully this problem has been resolved
- More time for 5 min discussion would help.
- It could be improved by being able to get an appointment more easily. Instead of being told, is it urgent? I need to be seen every 3months, to remain comfortable when walking.

A need for things that are not offered on the service

- Replacement insoles no longer funded
- More guidance on who to approach if you feel there is a problem.
- Referral to NHS podiatrist
- Used to see a dedicated foot specialist. Reinstate that.
- To remove hard skin, even if a little is present
- It is, however, quite possible for there to be a need for more dedicated specialists in the field of diabetic foot care. Any expansion would cost money and allocation of NHS funds for this type of work probably isn't on the 'top priority' list, more's the pity!
- Home care for those who cannot leave their homes
- Like a few diabetes care issues, service is not integrated. Notes were mad on my record and I was destined to be contacted by foot care surgery or similar. It never happened
- should be carried out when having my 6 monthly consultation at the Ipswich Diabetic Centre rather than by the HCA at the GPs
- Clear advice on additional services including chiropody
- I visit and pay for a chiropodist every 3 - 6 months, so I have my feet checked regularly and at surgery by practice nurse and diabetic nurse specialist. I don't know much about what the diabetic foot care services offer in Suffolk
- Initial consultations could be more positive and forceful regarding short and long effects of diabetes- eyes, feet, amputations etc and change to insulin re DVLA
- Perhaps a 'specialist' appointment similar to the way the annual diabetes retinal screening is carried out. Appointments are sent out to those with diabetes and take place, over a specific number of days. This might make the service more accessible to a larger number of people?

Neutral comments

- I cannot remember having my feet checked for 3 or 4 years. May be wrong, but have often wondered why feet not checked
- Examination of feet, ankles etc was for better when carried out at the Ipswich Diabetic Centre during annual audit.
- N/A
- I have my feet done very 5-6 weeks privately. I don't use Suffolk foot care services.
- Nothing to say at this point
- I have no relevant comments to make
- None
- Average
- No idea

Negative comments

- I have never been offered a foot exam so I pay and go privately
- The foot care does not get in touch regularly, in fact not at all for a few years. I am now going privately
- I just got the general idea that they don't know who you are, whether you are diabetic. She looked at my feet and a sore toe which I had, which she re-dressed, but didn't even look at my ongoing corn which was began seeing the podiatrist in the first place
- It did seem quite a basic check, i.e. pin pricks and pulse check, but I don't know of any other checks that can be done.
- In the past the NHS foot clinic was a bad service, originally every 3 months then 4,6 months. One occasion unable to give a date. Improved later but reluctantly went private
- Was told by doctor that he was referring me to a podiatrist. Heard nothing so asked on next visit, but was told to ask my GP. On doing this, surprise was expressed that I had been referred to a podiatrist, but was told it would be chased up. This was on 19 April
- I use a private chiropodist - no details of NHS services have been provided.
- BY NOT CUTTING BACK ON THE SERVICES BEING OFFERED. I NOW PAY PRIVATELY FOR A PODIATRIST AFTER FEET CARE WAS REMOVED FROM THE SERVICE OFFERED

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This report is available to download from the Healthwatch Suffolk website. It has been made available to the bodies responsible for arranging and delivering diabetic care services in Suffolk.

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