



## All Party Parliamentary Group on Vascular Disease

**All Party Parliamentary Group on Vascular Disease to raise awareness of vascular disease and to encourage actions to promote a greater priority for its prevention and treatment; to encourage research into the causes of vascular disease; to advance excellence and innovation in vascular health; and to inform parliamentarians of the work of medical professionals and those who provide support services for patients and their relatives.**

**Minutes of the Group's meeting at 2pm on 1<sup>st</sup> February 2016 in Committee Room 9, House of Commons.**

### **1. INTRODUCTION FROM NEIL CARMICHAEL MP**

- Neil Carmichael welcomed attendees and introduced speakers.

### **2. UPDATE FROM THE SECRETARIAT**

- The Secretariat described how and why the Group's latest report, 'Saving Limbs, Saving Lives: A Review of Strategic Clinical Networks', was produced.
- Attendees were encouraged to share the report with colleagues and more widely.

### **3. JONATHAN VALABHJI - National Clinical Director for Obesity and Diabetes, NHS England**

- Although people with diabetes constitute around 7% of the population, 50% of the amputations that take place nationally are in people with diabetes.
- The national average for major amputation is 0.8 per 1000 people with diabetes per year, which compares well internationally. There is however significant variation around this figure.
- We know what works well to minimise amputation risk and to optimise foot care in those with diabetes: foot screening and risk stratification (which is incentivised by QOF); a community-based foot protection team for those found to be at risk; a hospital-based multidisciplinary diabetic footcare team for those with active foot disease. The proportion of hospitals with multidisciplinary diabetic footcare teams was 60% in 2011 and 72% in 2013; the figure for 2015 will be published soon.
- There are a number of national initiatives being established or already ongoing, that should improve outcomes for those with or at risk of diabetic foot disease:
- The first report of the National Diabetes Footcare Audit will be published in a few weeks' time.
- A pilot project has been underway for 18 months that aims to reduce the risk of premature mortality in those with diabetic foot disease. The 5 year mortality risk for people presenting with diabetic foot ulcers is around 50%, much of which is attributable to cardiovascular

disease. The pilot project introduces a 12 lead ECG into the standard care pathway in multidisciplinary foot clinics. We will assess the beneficial effect on mortality.

- An operational guide for how multidisciplinary diabetic footcare services can work most effectively with an arterial and non-arterial centre vascular surgery model will be published shortly.
- It is planned that the CCG Assessment Framework will introduce an Ofsted-style rating around the quality of diabetes services for each CCG.

#### **4. STELLA VIG AND RICHARD LEIGH - Co-Chairs, NHS London Diabetes Strategic Clinical Network: Foot Care Steering Group**

- 2010-13 Data for London:
  - Major Amputation rate 0.6 per 1000 people with diabetes.
  - Minor Amputation rate 1.3 per 1000 people with diabetes.
  - These figures are lower than the national average for England.
- There is variation in amputation rates within London (0.4 – 2.1 per 1000). The cause of this variation is not definitively known and is being looked at.
- The Steering Group has worked to produce and disseminate best practice publications, among other projects.
- One of the biggest challenges facing SCNs is the lack of willingness from commissioners to engage. They do not work with the SCNs around the implementation of pathways.
- We need to look at creating incentives and the mandatory collection of data. Currently data are not recorded accurately or in enough volume so it is difficult to make use of it.
- Another challenge is freeing up clinicians to attend relevant meetings as Trusts are refusing time away from clinics.

#### **5. FIONA DAVIE-SMITH - Post Graduate Research Student, University of Glasgow**

- A study has been undertaken where data are collected on 171 individuals who have had a major lower limb amputation for peripheral arterial disease in Greater Glasgow & Clyde between March 2014 and February 2015. 75% were male and the average age was 66.
- Patients were followed up at 6 months and outcomes were recorded.
- There is no UK-wide index of deprivation.
- After 6 months – outcomes included:
  - There was a 20% mortality rate.
  - 25% recorded that their quality of life is lower than the general population (Quality of Life (EQ-5D)).
  - On average reintegration was reported as below 50%.
  - 76% were housebound and 67% were in single room living.
- Improving quality of life after an amputation needs to be a priority for clinical services. A Health Technology Assessment Application could be a method of achieving this.
- It is important to look at quality of life. Technology is a key way of addressing this.

#### **6. MATT GREENSMITH AND DR RAJIV GANDHI - Yorkshire & Humber Strategic Clinical Network**

- Amputation is one of the most feared complications of diabetes. It has an enormous impact on patients' lives; including loss of occupation and status, disfigurement, reduced mobility, and depression.
- Survival is bleak, with mortality rates after amputation of 50% at two years.

- It should be noted that the April 2016 NHS business plan will influence the future priorities and function of the SCNs.
- There is a clear economic argument for looking at foot care for people with diabetes. NHS England estimates the total cost to the NHS of ulceration and amputation for people in England with diabetes to be £661,807,953 in 2010-11 as an upper estimate.
- Measures such as the Quality Outcomes Framework (QOF) are not good indicators of quality as they focus on activity rather than outcome.
- Blindness caused by diabetes is no longer a significant issues in England as it was identified and tackled by a national screening programme. No such screening programme is currently available for foot disease.
- It is important to give practical help/advice to spread best practice. Currently regional best practice is not often widely disseminated.
- We face a number of challenges: 1) There is no effective analysis of data due to lack of expertise; 2) The budget for SCNs will be cut by 50% in April 2016.

**7. DARE SERIKI - Consultant Vascular Radiologist, University Hospital of South Manchester NHS**

- Adopting simple pathways, such as the Stop Unnecessary Amputations (STAMP) pathway, can lead to earlier identification and intervention.
- Compared to cancer, vascular disease/PAD is neglected and has terrible outcomes.
- There are regional inequalities and variation in outcomes (up to 10 fold differences).
- An audit based on the STAMP pathway was carried out. This audit found a common characteristic, that patients are known to a variety of departments, e.g. dermatology, podiatry, physiotherapy, etc.
- Promoting adoption of the STAMP pathway more widely should be encouraged. Full implementation across Greater Manchester should happen by April 2016.

**8. DR RICHARD CROFT, GP and Thames Valley SCN diabetes lead and;  
DR HEMA HEFFERNAN - Consultant Diabetologist and Chair, Foot Reference Group, Thames Valley SCN**

- Support the House of Care initiative and have offered training on this; including 20 cohorts (300 GPs through so far).
- Management of the diabetic foot has been identified as a key area of focus. Would like to move from an 'average' to 'excellent' amputation rate.
- Created the 'foot reference group', a working group that met 3 times between March and September 2015. The outcome of this group was the creation of a document, which provides a 'clinical guide', 'targets' and a 'framework for local service commissioning'. There are 6 monthly meetings to review the document.
- The foot reference group found that due to patients only having 10 minute appointments with GPs, foot problems were not as frequently discussed as they should have been.
- Consideration should be given to the idea of a national standard for root cause analysis across the country.
- The facilitation and advantage the SCN has given the foot reference group is invaluable.

**9. TREVOR CLEVELAND - Consultant Vascular Radiologist, Sheffield Vascular Institute; Vice-President, BSIR**

- Various services and products exist which can help to avoid amputation, including stenting and angioplasty. These procedures are done by Interventional Radiologists.
- A 2014 census shows that there are relatively few radiologists in the UK, 7 per 100,000 compared to 17 in Austria.
- There are significant interventional radiology workforce challenges. There is a shortage of around 200 interventional radiologists according to recommendations made in 2012, based on projected workforce needs by the Royal College of Radiologists.
- Due to imaging targets and increased scan numbers, many departments are being forced to outsource diagnostic radiology reporting at a huge cost to the NHS. As interventional radiologists often also provide a diagnostic service, this puts further pressure on this group.
- To compound matters interventional radiology is going to suffer from a retiring workforce over the coming years.
- Increased training numbers for interventional radiology was called for.

## 10. DISCUSSION SESSION

- Underlying PAD is a progressive disease and there is no UK-wide mechanism of screening as there is currently a failure to refer patients at high risk.
- An Ofsted-style scoring system could be implemented to rate delivery of foot care services – this rating system will focus on service improvement and act as a support mechanism, which could be an area SCNs could influence.
- A national campaign is needed to raise awareness of this issues, for example patients being able to identify a ‘foot attack’ just as they would a stroke or heart attack.
- The lack of a national mandate for CCG engagement is a key problem that is holding back service improvement.
- There is a lack of awareness and education amongst clinical staff and patients. Patients do not know what they are looking for because communication with the GP at the point of care is weak. Patients should be in a position to recognise their symptoms and demand referral for suspected diabetic foot.
- If SCNs are lost there will be gaps in residential care, which is a group that is already vulnerable.
- One thing we could do in the community is to measure blood pressure in the hand and foot to check it is the same.
- Saving limbs should take precedence; currently amputation is viewed as a treatment option rather than a failure of treatment.
- Technology should be harnessed more effectively to provide an effective solution. Cheap diagnostic tests for vascular diseases would be the necessary breakthrough in technology.
- The next big question for this issue is about resources because soon SCNs will not have the ability to do what they are currently doing.

Neil Carmichael MP thanked the speakers and attendees.

There being no further business the meeting then terminated.

Feedback on the minutes – please send to Sara Petela at [vappg@pbpoliticalconsulting.com](mailto:vappg@pbpoliticalconsulting.com)