

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Indicators for the NICE menu for the QOF

**Indicator area:** Diabetic foot problems

**Indicator:** NM13

**Date:** August 2016

### **Indicator: NM13**

The percentage of patients with diabetes with a record of a foot examination and risk classification: 1) low risk (normal sensation, palpable pulses), 2) increased risk (neuropathy or absent pulses), 3) high risk (neuropathy or absent pulses plus deformity or skin changes or previous ulcer) or 4) ulcerated foot within the preceding 15 months.

### **Introduction**

Diabetes is a chronic metabolic disorder caused by defects in insulin secretion and action. Diabetes occurs when the insulin-producing cells in the pancreas are destroyed (type 1 diabetes), the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces (type 2 diabetes).

Although type 2 diabetes is primarily managed in primary care it is common for people with type 2 diabetes to experience related complications and people with diabetes are admitted to hospital for both elective and emergency care. Much of the general care for type 2 diabetes is the same as for type 1 diabetes, although the initial management is different and many people with type 1 diabetes will attend secondary care clinics for their diabetes.

### **Rationale**

The risk of foot problems in people with diabetes is increased, largely because of either diabetic neuropathy (nerve damage or degeneration) or

peripheral arterial disease (poor blood supply due to diseased large- and medium-sized blood vessels in the legs), or both.

Evaluation of skin, soft tissue, musculoskeletal, vascular and neurological condition on an annual basis is important for the detection of feet at raised risk of ulceration.

The foot inspection and assessment should include:

- identifying the presence of sensory neuropathy (loss of the ability to feel a monofilament, vibration or sharp touch) and/or the abnormal buildup of callus
- identifying when the arterial supply to the foot is reduced (absent foot pulses, signs of tissue ischaemia or symptoms of intermittent claudication)
- identifying deformities or problems of the foot (including bony deformities, dry skin or fungal infection), which may put it at risk
- identifying other factors that may put the foot at risk (which may include reduced capacity for self-care, impaired renal function, poor glycaemic control, cardiovascular and cerebrovascular disease, or previous amputation).

## **Source guidance and recommendations**

[Diabetic foot problems: prevention and management](#) NICE guideline 19 (2015)

- Recommendation 1.3.4: When examining the feet of a person with diabetes, remove their shoes, socks, bandages and dressings, and examine both feet for evidence of the following risk factors:
  - Neuropathy (use a 10 g monofilament as part of a foot sensory examination).

- Limb ischaemia (see the NICE guideline on lower limb peripheral arterial disease).
- Ulceration.
- Callus.
- Infection and/or inflammation.
- Deformity.
- Gangrene.
- Charcot arthropathy.

- Recommendation 1.3.6: Assess the person's current risk of developing a diabetic foot problem or needing an amputation using the following risk stratification:

Low risk:

- no risk factors present except callus alone.

Moderate risk:

- deformity or
- neuropathy or
- non-critical limb ischaemia.

High risk:

- previous ulceration or
- previous amputation or
- on renal replacement therapy or
- neuropathy and non-critical limb ischaemia together or
- neuropathy in combination with callus and/or deformity or

- non-critical limb ischaemia in combination with callus and/or deformity.

Active diabetic foot problem:

- ulceration or
- spreading infection or
- critical limb ischaemia or
- gangrene or
- suspicion of an acute Charcot arthropathy, or an unexplained hot, red, swollen foot with or without pain.

## **Reporting and verification**

Practices should report the percentage of patients on the diabetic register who have had a foot examination within the preceding 15 months that classifies the level of risk as follows: 1) low risk (normal sensation, palpable pulses), 2) increased risk (neuropathy or absent pulses), 3) high risk (neuropathy or absent pulses plus deformity or skin changes or previous ulcer) or 4) ulcerated foot.

## **Further information**

This is NICE indicator guidance for QOF, which is part of the NICE menu of indicators. This document does not represent formal NICE guidance. The NICE menu of indicators for QOF is available online at:

<https://www.nice.org.uk/Standards-and-Indicators/index>