Diabetes: annual foot exam and risk classification

NICE indicator

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Indicator

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.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our menu of indicators.

To find out how to use indicators and how we develop them, see our NICE indicator process guide.

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 identification of feet at increased 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 build-up 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

Diabetic foot problems: prevention and management. NICE guideline NG19 (2015, updated 2019), recommendations 1.3.4 and 1.3.6

Specification

Numerator: The number of patients in the denominator 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.

Denominator: The number of patients on the diabetes register.

Calculation: Numerator divided by the denominator, multiplied by 100.

Exclusions: Patients who have had their right or left foot amputated; patients who choose not to receive neuropathy testing, a foot examination or quality indicator care, or patients who have not responded to at least 2 diabetes care review invitations.

Minimum population: The indicator would be appropriate to assess performance at individual general practice level.

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