
CONFERENCE ABSTRACT**Optimising & Integrated Effective Diabetic Foot Services at the Regional Scale: The NHS Midlands Model**

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Introduction: Diabetic foot disease represents a costly and challenging complication for healthcare services internationally, and one of the diabetes complications associated with the highest degree of morbidity and mortality. It is estimated that between five and seven per cent of people with diabetes will have a diabetic foot ulcer at some point in their lives, at an estimated cost of £935 million to the NHS. It is well recognised that effective diabetic foot care requires multidisciplinary care approaches. Whilst pockets of locally effective integrated care have been proven, scaling this to regional models has proved difficult. Here we present an effective optimised approach to integrated diabetic foot care in the Midlands Region as a model for other services internationally.

Methods: Four pillars underpin effective change at a regional level in the United Kingdom covering 5.4 million people. These pillars are (1) Utilisation of standardised audit data as a driver for change, (2) Regional self appraisal and peer review (3) Cross-boundary integrated root cause analysis and (4) adoption, piloting and testing of new digital technologies. We present an example of “guerrilla PPI” to facilitate real-time representative patient and public involvement. Central to the success was an infographic based communication and dissemination strategy with a focus on prevention.

Results: Successful creation of a 300 person multidisciplinary foot care network including podiatrists, consultants, diabetes nurses, commissioners, community representatives, transformation leads, Diabetes UK, patient representatives and nurse specialists. Peer review, root cause analysis and audit presentation data across the whole of the Midlands region covering all diabetes providers. High impact bespoke infographics presented for all sub-regions to further drive change. Major 6 month amputation rates reduced from 2.9% in 2014/2015 to 2.1% in 2020/2021 and reduction in audit active ulcer rates from 47.1% to 42.4% despite the pandemic environment.

Conclusions: Effective integrated diabetic foot care can be delivered at the regional scale for large populations if underpinned by a defined network with shared vision, transparent structures

and shared Trust. Cross-organisation working is fundamental but can be enabled through standardised peer review, audit, root cause analysis and self-appraisal models.