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The West of Ireland Diabetes Foot Study: the incremental costs of diabetic foot ulceration in Ireland
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Aim: To explore the incremental costs of diabetic foot ulceration in Ireland.

Methods: Data from the West of Ireland Diabetes Foot Study were used for the analysis. In the study, patients on the diabetes registers of 12 general practices were invited to attend for foot screening. Of 563 participants, 16 (3 per cent) developed new ulcers over the next 18 months. A retrospective cost analysis was conducted for all who developed ulcers and for a representative sample (209, or 38 per cent) of the non-ulcerated population. A societal perspective was adopted in that costs to the healthcare system and the patient were considered. The former included primary, secondary and community care service usage. The latter included patient’s own-time input in treatment and travel costs. Resource usage was identified via patient questionnaires at 18 months post screening and a vector of unit costs was applied to calculate costs. Multivariate regression analysis was used to examine the effect of experiencing a new ulcer on costs of care.

Results: Mean healthcare cost at 18 months was €2,785 (SD 6,472) for non-ulcerated patients and €9,566 (SD 18,753) for ulcerated patients. The equivalent patient cost estimates were €189 (SD 257) and €688 (SD 479) respectively. After controlling for other clinical and socio-demographic variables, ulceration was associated with a statistically significant increase of €7,308 (P = 0.004) in healthcare costs and €499 (P = 0.001) in patient costs.

Conclusions: The incremental costs of diabetic foot ulceration in Ireland are substantial. These data can help inform policy and planning in this area in the future.

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Do we care about our patients with diabetes feet? Diabetic foot examination at the front-door
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Aims: National Institute for Health and Clinical Excellence (NICE) guidelines were published in March 2011 outlining inpatient management of diabetic foot care. Our aim was to assess how the University Hospital Birmingham NHS Foundation Trust was performing.

Methods: Relevant parts of NICE Guideline CG119 were used to audit the clinical practice of patient assessment within the first 24 h of diabetic foot related emergency admissions. Fifty-eight admissions over a 5-year period were identified by search terms ‘cellulitis’ or ‘osteomyelitis’ of toe or foot and case notes and electronic records were studied.

Results: The ratio of males to females was 67 to 33 per cent; age range 28–84 years (median 60.43 years); and the ratio of Type 1 to Type 2 diabetes was 17.20 to 82.85 per cent. Unilateral cellulitis was the main reason for admission (77.6 per cent). Although 96.6 per cent of patients had their feet examined, this was not always adequate: only 43.1 per cent of patients had peripheral vascular disease assessment, with the highest (56.3 per cent) and lowest (25 per cent) proportions of assessment done by foundation and middle-grade clinicians, respectively; peripheral neuropathy was assessed in only 29.3 per cent of patients with the highest (37.5 per cent) and lowest (25 per cent) proportions of assessment performed by middle-grade clinicians and consultants, respectively. Although not part of the NICE guidelines, Waterlow scoring by nursing staff, for pressure sore risk assessment, was only done in 34.5 per cent of patients.

Conclusion: There is a clear need for improved examination of the diabetic foot upon emergency admission in order to provide adequate care and to identify high risk patients. Diabetes UK should endeavour to heighten awareness of diabetic foot care amongst non-diabetes clinicians.

NB: Co-first authorship SN Iqbal and Z Majid