

AN EXPLORATION OF ACCESS TO CARE FOR ADULTS WITH DIABETES AND FOOT DISEASE

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Background: Diabetic foot disease is one of the most serious complications of diabetes, which negatively impacts on people's physical, and psycho-social functioning and is responsible for high economic, social, and public health burden. The delay in accessing diabetic foot specialist care is the most significant obstacle to effective diabetic foot treatment.

Aim: To explore the experiences of adults with diabetic foot disease (DFD) regarding access to care and the views of patients, carers, and healthcare professionals on how care plans could be improved.

Method: An exploratory qualitative design method using a thematic analysis approach was employed. Using purposive sampling, sixteen adults with DFD attending the diabetic foot clinics at Imperial College Healthcare NHS Trust and sixteen healthcare professionals (including carers) from primary and secondary diabetic foot services within North West London Sector were recruited. Participants were interviewed using semi-structured interviews. The interviews were audio recorded, transcribed, and analysed.

Result: The themes that emerged include the patients' experiences of attending diabetic foot services, waiting time to referrals, psychosocial impact of DFD, carers' and healthcare professionals' experiences of caring for patients with DFD, treatment concordance and availability of services. Most participants reported being affected by psychological distress caused by shock, fear, and isolation due to DFD. They expressed that foot problems are best managed in hospital and not in GP practices. The waiting time for referral to diabetic foot specialist varied from 2 days to 3 months. Concordance to foot care activities was suboptimal and influenced by their disability, knowledge, understanding and past experiences.

Conclusion: There is a need for ongoing support, care and education to help patients achieve concordance with DFD treatment. The study found that care provision is inconsistent among primary and secondary foot services. Despite known high levels of need in this population, there is a lack of access to psycho-social care. This area of care has not received the same level of attention as other areas of medicine such as breast or prostate cancers even though people with DFD have a much lower life expectancy.

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