LOWER LIMB AMPUTATION STUDY
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

ORGANISATIONAL QUESTIONNAIRE

CONFIDENTIAL

Name of Trust: ____________________________________________

Name of Hospital: __________________________________________

Who completed this questionnaire?

Name: ____________________________________________

Position: ____________________________________________

What is this study about?

NCEPOD are undertaking a study to examine remediable factors in the processes of care which might influence the quality of care offered to patients requiring lower limb amputation (above or below knee) for complications of peripheral vascular disease and/or diabetes mellitus. This study does not include patients undergoing a major lower limb amputation for either trauma or malignancy.

Data is being collected over a 6 month period from all sites where lower limb amputation is undertaken across England, Wales, Northern Ireland, Jersey, Guernsey and the Isle of Man, from both the public and the independent sector (where applicable).

How to complete the form:

Information will be collected using two methods; box cross and free text, where your opinion will be requested.

This form will be electronically scanned. Please use a black or blue pen. Please complete all questions with either block capitals or a bold cross inside the boxes provided e.g.

Does your hospital have an emergency department?

☒ Yes ☐ No

If you make a mistake, please “black-out” the incorrect box and re-enter the correct information, e.g.

☑ Yes ☒ No

Unless indicated, please mark only one box per question.

Who should complete this form?

This questionnaire should be completed by the Medical Director of the Trust or person(s) nominated by them who would have the knowledge to complete it accurately or be able to seek help to complete it accurately. People who should help with the completion of this form include clinical leads for vascular surgery and diabetology.

To ensure confidentiality of the data, completed questionnaire must be returned directly to NCEPOD in the SAE provided.

Questions or help?

A list of definitions is provided on page 2 of the questionnaire.

If you have any queries about this study or this questionnaire, please contact amputation@ncepod.org.uk

Or telephone: 020 7251 9060

Thank you for taking the time to complete this questionnaire. The findings of the study will be published in Autumn 2014.
**DEFINITIONS**

| **Medical/Surgical Assessment Unit (MAU, SAU, etc)** | An area where emergency patients are assessed and initial management undertaken by inpatient hospital teams. The patient is only in this area while early assessment is made and is then moved to another ward or discharged. The working of these units varies; some are purely for medical or surgical cases (Medical Assessment Unit, Surgical Assessment Unit etc.) while some function across various specialties (Clinical Decision Unit, Acute Admission Unit). |
| **Vascular unit** | A vascular service providing 24/7 access to vascular surgeons and interventional Radiologists. This would be defined as a hub in a network that relies on a hub and spoke relationship to provide vascular services for a number of hospitals. |
| **Diabetic unit** | A diabetes service providing a range of specialist multidisciplinary outpatient clinics and inpatient diabetes care led by consultant diabetes specialists supported by diabetes specialist nurses and dietitians. |
| **Diabetic foot clinic** | A multidisciplinary clinic providing assessment and management of acute and ongoing diabetic foot lesions including ulcers, foot infection, neuropathic lesions, Charcot neuroarthropathy and lower limb ischaemia. This team also focuses on ulcer prevention and prevention of recurrence, through education and ongoing foot care. This team would usually include a consultant diabetologist, diabetes specialist nurse and or tissue viability nurse, specialist podiatrist, working alongside or with timely access to vascular surgeons, interventional radiologists, orthopaedic surgeons, orthotist and microbiologist. |
| **Levels of Wad Care** | Level 0/1: Normal ward care in an acute hospital  
Level 2: High Dependency Unit for patients requiring more detailed observation or intervention including support for a single failing organ system or post-operative care and those 'stepping down' from higher levels of care e.g. ICU  
Level 3: For patient requiring advanced respiratory support alone or monitoring and support for two or more organ systems. Includes all complex support for multi-organ failure e.g. Intensive Care Unit |
| **Formal regional care networks** | Formal hub and spoke relationship between vascular or diabetic services and linked district general hospitals. |
| **Informal regional care network** | Ad hoc arrangements for the transfer of individual patients requiring more specialist care (vascular, diabetic, renal, anaesthetic) than is available at either a spoke or hub hospital which is outside the usual referral pathway. |
## CODES FOR SPECIALTY

<table>
<thead>
<tr>
<th>SURGICAL SPECIALTIES</th>
<th>100 = General Surgery</th>
<th>107 = Vascular Surgery</th>
<th>161 = Burns Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>101 = Urology</td>
<td>104 = Colorectal Surgery</td>
<td>110 = Trauma &amp; Orthopaedics</td>
<td>170 = Cardiotoracic Surgery</td>
</tr>
<tr>
<td>103 = Breast Surgery</td>
<td>105 = Hepatobiliary &amp; Pancreatic Surgery</td>
<td>140 = Oral Surgery</td>
<td>172 = Cardiac Surgery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>145 = Maxillo-Facial Surgery</td>
<td>173 = Thoracic Surgery</td>
</tr>
<tr>
<td>106 = Upper Gastrointestinal Surgery</td>
<td>150 = Neurosurgery</td>
<td>192 = Critical/Intensive Care Medicine</td>
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<tr>
<td></td>
<td>160 = Plastic Surgery</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICAL SPECIALTIES</th>
<th>300 = General Medicine</th>
<th>301 = Gastroenterology</th>
<th>302 = Endocrinology</th>
</tr>
</thead>
<tbody>
<tr>
<td>303 = Clinical Haematology</td>
<td>306 = Hepatology</td>
<td>307 = Diabetic Medicine</td>
<td>314 = Rehabilitation</td>
</tr>
<tr>
<td>308 = Dermatology</td>
<td>315 = Palliative Medicine</td>
<td>320 = Cardiology</td>
<td>370 = Medical Oncology</td>
</tr>
<tr>
<td>330 = Dermatology</td>
<td>340 = Respiratory Medicine</td>
<td>350 = Infectious Diseases</td>
<td>370 = Medical Oncology</td>
</tr>
<tr>
<td>351 = Gynaecology</td>
<td>352 = Tropical Medicine</td>
<td>360 = Genito-Urinary Medicine</td>
<td>370 = Medical Oncology</td>
</tr>
<tr>
<td>352 = Tropical Medicine</td>
<td>360 = Genito-Urinary Medicine</td>
<td>361 = Nephrology</td>
<td>380 = Clinical Oncology</td>
</tr>
<tr>
<td>361 = Nephrology</td>
<td>380 = Clinical Oncology</td>
<td>390 = Neurology</td>
<td>400 = Neurology</td>
</tr>
<tr>
<td>390 = Neurology</td>
<td>400 = Neurology</td>
<td>410 = Rheumatology</td>
<td>420 = Rheumatology</td>
</tr>
</tbody>
</table>

## CODES FOR GRADE

<table>
<thead>
<tr>
<th>01 – Consultant</th>
<th>02 – Staff grade/Associate specialist</th>
</tr>
</thead>
<tbody>
<tr>
<td>03 – Trainee with CCT</td>
<td>04 – Senior specialist trainee (ST3+ or equivalent)</td>
</tr>
<tr>
<td>05 – Junior specialist trainee (ST1&amp;ST2 or CT equivalent)</td>
<td>06 – Basic grade (HO/FY1 or SHO/FY2 or equivalent)</td>
</tr>
<tr>
<td>07 - Other</td>
<td></td>
</tr>
</tbody>
</table>
Please note, this form should be completed for each hospital in your Trust where patients may be cared for pre-, and post operatively as well as those where vascular services are provided.

A. THE HOSPITAL

1. Please indicate what type of hospital this questionnaire refers to: (Please tick one box only)
   - [ ] District General Hospital (≤500 beds)
   - [ ] District General Hospital (>500 beds)
   - [ ] Other (please specify)
   - [ ] University Teaching Hospital

2a. Is lower limb amputation undertaken at this hospital
   - [ ] Yes
   - [ ] No

   If lower limb amputation is undertaken please answer the remainder of this questionnaire.

2b. Is the rehabilitation of patients who have undergone lower limb amputation undertaken at this hospital?
   - [ ] Yes
   - [ ] No

   If only the inpatient rehabilitation of patients who have undergone lower limb amputation is undertaken at this hospital (i.e. lower limb amputation is not undertaken) please complete only SECTIONS E & F.

If lower limb amputation is not undertaken at this site or this hospital does not provide inpatient rehabilitation services you do not need to complete any further questions and should return the form to NCEPOD; many thanks for taking the time to complete this questionnaire.

To be completed by hospitals where amputations are undertaken

3a. Does your hospital have an emergency department?
   - [ ] Yes
   - [ ] No

3b. If YES, is it open 24 hours a day, 7 days a week (24/7)?
   - [ ] Yes
   - [ ] No

4a. Does your hospital have a vascular unit on site providing 24/7 access to vascular surgeons and/or interventional radiologists?
   - [ ] Yes
   - [ ] No

4b. If YES, does your hospital routinely provide hub services for other hospitals that do not have a vascular unit?
   - [ ] Yes
   - [ ] No

4c. If YES, is this part of a formal network?
   - [ ] Yes
   - [ ] No

4d. If YES, are there written protocols and/or pathways of care for the transfer of patients?
   - [ ] Yes
   - [ ] No

5a. If NO to Q4a, does your hospital have a vascular unit on site that has a combined rota with vascular surgeons from a different hospital to provide 24/7 access to vascular surgeons and interventional radiologists?
   - [ ] Yes
   - [ ] No

5b. If YES, is there a published rota that indicates to which hospital emergency or urgent patients should be referred?
   - [ ] Yes
   - [ ] No

6. Are there written protocols and/or pathways of care for the transfer of patients between hospitals involved in a shared vascular rota?
   - [ ] Yes
   - [ ] No

B. STAFF & FACILITIES

To be completed by hospitals where amputations are undertaken

7. How many consultant vascular surgeons (whole time equivalents) are employed by the hospital?
   - [ ]
   - [ ]
   - [ ] Unknown
8. Please state the number of operating sessions (1 session = ½ day) allocated to the Vascular Unit?  
   [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 5  [ ] 6  [ ] 7  [ ] 8  [ ] Unknown

9. How many consultant vascular anaesthetists (whole time equivalents) are employed by the hospital?  
   [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 5  [ ] 6  [ ] 7  [ ] 8  [ ] Unknown

10. How many interventional radiologists (performing vascular intervention) are employed by the hospital?  
    [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 5  [ ] 6  [ ] 7  [ ] 8  [ ] Unknown

11. Which of the following are available in the hospital? (answers may be multiple)  
    [ ] Arterial duplex ultrasound  [ ] Conventional digital subtraction angiography  
    [ ] Magnetic resonance angiography  [ ] CT angiography  
    [ ] Balloon angioplasty  [ ] Balloon angioplasty and endovascular stenting  
    [ ] Intra-arterial thrombolysis

12a. Does your hospital have specific vascular inpatient surgical beds?  
    [ ] Yes  [ ] No

12b. If YES, how many?  
    [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 5  [ ] 6  [ ] 7  [ ] 8  [ ] Unknown

13. Is there a separate ward for vascular surgery that does not routinely admit general surgical emergencies?  
    [ ] Yes  [ ] No

14a. Does your hospital have specialist diabetes physicians?  
    [ ] Yes  [ ] No

14b. If YES, how many whole time equivalents?  
    [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 5  [ ] 6  [ ] 7  [ ] 8  [ ] Unknown

15a. Does your hospital have a clinical (diabetes) nurse specialist (CNS/DNS) who provides input for the management of diabetic patients?  
    [ ] Yes  [ ] No

15b. If YES, does the CNS/DNS routinely review patients under the care of the vascular unit?  
    [ ] Yes  [ ] No

16a. Is there a specialist diabetes foot clinic in your hospital?  
    [ ] Yes  [ ] No

16b. If YES, who routinely staffs this?  
    Diabetes physician  [ ] Always  [ ] On request
    Vascular surgeon  [ ] Always  [ ] On request
    Foot & ankle surgeon (orthopaedic)  [ ] Always  [ ] On request
    CNS/DNS  [ ] Always  [ ] On request
    Podiatrist  [ ] Always  [ ] On request
    Physiotherapist  [ ] Always  [ ] On request
    Occupational therapist  [ ] Always  [ ] On request
    Orthotist  [ ] Always  [ ] On request
    Infection specialist  [ ] Always  [ ] On request
    Other (please specify)  [ ] Always  [ ] On request
17. Which of the following services does the diabetes foot clinic provide?
   i) 24/7 access to the service for acute foot lesions as recommended by NICE CG119? □ Yes □ No
   ii) If not 24/7, is there access to the service for acute foot lesions within 24 hours during the working week? □ Yes □ No □ NA - available 24/7
   iii) An emergency 'hot line' telephone number for patients, carers, and other health professionals to make contact in the working day? □ Yes □ No

18. Does your hospital have an outpatient parenteral (IV) antibiotic therapy (OPAT) service that accepts diabetic foot infection patients for treatment? □ Yes □ No

19. How many beds of the following type are available in your hospital?
   Level 2: High dependency □□□□ □ Unknown
   Level 3: Intensive care □□□□ □ Unknown

C. ACTIVITY

To be completed by hospitals where amputations are undertaken

20a. Does the Vascular Unit submit data to the National Vascular Database? □ Yes □ No

20b. If YES, what was the total submission for each of the following in the last full 12 months with reliable data?
   Aortic revascularisation □□□□ □ Unknown
   Carotid revascularisation □□□□ □ Unknown
   Lower limb revascularisation □□□□ □ Unknown

21. Do the interventional radiologists submit data to the British Society for Interventional Radiology (BSIR) database? □ Yes □ No

22. How many patients underwent either above-knee or below-knee amputation in your hospital in the last year (last 12 months with reliable data) for which you have full data?
   Above-knee (transfemoral) (X09.3) □□□□ □ Unknown
   Below-knee (transtibial) (X09.5) □□□□ □ Unknown
   Through-knee (X09.4) □□□□ □ Unknown
   Hip disarticulation (X09.2) □□□□ □ Unknown
   Total □□□□ □ Unknown
23. What was the average length of stay for this cohort of amputees? _______ Days  □ Unknown

24. How many of the amputations listed in Q22 were performed under the care of:
   Vascular surgeons: □ _______  □ Unknown
   Foot and ankle surgeons (orthopaedic): □ _______  □ Unknown
   General surgeons: □ _______  □ Unknown
   Other specialties (please specify using specialty codes on page 3): □ _______  □ Unknown

D. INPATIENT CARE

To be completed by hospitals where amputations are undertaken

25. Is there a policy for patients requiring a major lower limb amputation to be routinely transferred to a bed on the vascular ward either before or immediately after surgery? □ Yes  □ No

26. Is there a discharge co-ordinator in the vascular unit/ward who has responsibility for amputees? □ Yes  □ No

27. Do amputees on the vascular unit have inpatient access to:
   Specialist physiotherapy services for amputees? □ Yes  □ No
   Specialist occupational therapy services for amputees? □ Yes  □ No
   Podiatry services (care of the contralateral foot) if applicable □ Yes  □ No

28. Does the diabetic unit undertake:
   A joint outpatient clinic with a vascular surgeon? □ Yes  □ No
   A joint ward round with a vascular surgeon for diabetic inpatients? □ Yes  □ No
   A joint ward round with a vascular surgeon for vascular in-patients? □ Yes  □ No
   A joint outpatient clinic with a foot and ankle surgeon (orthopaedic)? □ Yes  □ No

29. Which specialty predominantly provides amputation services for the Diabetic Unit?
□ Vascular surgery  □ Foot and ankle surgery (orthopaedic)

30a. Is there a multidisciplinary team responsible for the care of patients undergoing lower limb amputation in this hospital? □ Yes  □ No

30b. If YES, are they funded:
□ 7 days a week  □ 6 days a week  □ 5 days a week
□ Other (please specify)
31. In your hospital who would normally be present at a multidisciplinary team meeting discussing patients for whom amputation is being considered (any type of lower limb amputation)?

<table>
<thead>
<tr>
<th>Non-diabetic patients</th>
<th>Diabetic patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vascular surgeon</td>
<td></td>
</tr>
<tr>
<td>Foot and ankle surgeon (orthopaedic)</td>
<td></td>
</tr>
<tr>
<td>Interventional radiologist</td>
<td></td>
</tr>
<tr>
<td>Anaesthetist</td>
<td></td>
</tr>
<tr>
<td>Diabetologist</td>
<td></td>
</tr>
<tr>
<td>Medicine for the elderly physician</td>
<td></td>
</tr>
<tr>
<td>Consultant in rehabilitation medicine</td>
<td></td>
</tr>
<tr>
<td>Podiatrist</td>
<td></td>
</tr>
<tr>
<td>Trainees in vascular or general surgery</td>
<td></td>
</tr>
<tr>
<td>Vascular clinical nurse specialist</td>
<td></td>
</tr>
<tr>
<td>Diabetes specialist nurse</td>
<td></td>
</tr>
<tr>
<td>Vascular ward nurse</td>
<td></td>
</tr>
<tr>
<td>Physiotherapist</td>
<td></td>
</tr>
<tr>
<td>Occupational therapist</td>
<td></td>
</tr>
<tr>
<td>Representative from prosthetic service</td>
<td></td>
</tr>
<tr>
<td>Representative for intermediate care</td>
<td></td>
</tr>
<tr>
<td>Other (Please specify):</td>
<td></td>
</tr>
</tbody>
</table>

32. Are patients undergoing major amputation surgery usually reviewed by any of the following PRIOR to surgery?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant in rehabilitation medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation physiotherapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational therapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Podiatrist (care of the contralateral limb) if applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Representative from prosthetics service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

33. Does this hospital have written protocols or guidelines for the implementation of NICE CG119: Inpatient management of diabetic foot problems?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

34. Does this hospital have a policy or protocol for the care of patients undergoing major amputation

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
35a. Does this hospital have a policy or protocol for antibiotic prescription in diabetic patients with foot sepsis?  
☐ Yes  ☐ No

35b. Does this hospital have a policy or protocol for surgical antibiotic prophylaxis for patients undergoing lower limb amputation?  
☐ Yes  ☐ No

36c. Does this hospital routinely screen patients undergoing lower limb amputation for MRSA?  
☐ Yes  ☐ No

36d. Does this hospital routinely screen patients undergoing lower limb amputation for MSSA (methicillin sensitive Staphylococcus aureus)?  
☐ Yes  ☐ No

37. Does this hospital have a policy or protocol for the risk assessment of pressure areas?  
☐ Yes  ☐ No

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E. POST AMPUTATION CARE

To be completed by hospitals where amputations are undertaken and rehabilitation sites

38a. Does your hospital have medicine for the elderly beds?  
☐ Yes  ☐ No

38b. If YES to 38a, do they accept amputees for rehabilitation?  
☐ Yes  ☐ No

38c. If YES to 38b, are there specific age restrictions on the service?  
☐ Yes  ☐ No

38d. If YES to 38c, please specify?  
Lower age limit  □□□□ Upper age limit □□□□

38e. If YES to 38b, are there specific inpatient beds for this?  
☐ Yes  ☐ No

39a. Does your hospital have specialist consultants in rehabilitation medicine?  
☐ Yes  ☐ No

39b. If YES to 39a, do they routinely transfer amputees from the vascular unit to an inpatient bed for rehabilitation?  
☐ Yes  ☐ No

39c. If YES to 39a, do they manage patients after major lower limb amputation only following discharge from the hospital?  
☐ Yes  ☐ No

39d. If YES to 39a, are there policies dictating referrals that they will see?  
☐ Yes  ☐ No

39e. If NO to 39a, (if there are no amputee rehabilitation services in your hospital) how far away (in miles) is the nearest such service?  
□□□□ Miles ☐ No

40a. Are prosthetic services available in your hospital?  
☐ Yes  ☐ No

40b. If NO, how far away (miles) is the nearest such service?  
□□□□ Miles ☐ No

40c. If NO, please state how referrals to the co-ordinator at the prosthetic centre are made? (Answers may be multiple)  
☐ By medical staff  ☐ By physiotherapists  
☐ By occupational therapists  ☐ By ward nurses

40d. If NO, are prosthetic services provided (answers may be multiple):  
☐ At another hospital in the same Trust  ☐ By another Trust

40e. If NO, how do you access prosthetic services?  
☐ Formal arrangement (contract)  ☐ Informal arrangement  
☐ No arrangement
41. Who makes the decision about a patient’s suitability for prosthetic use? (answers may be multiple)

- Medical staff
- Physiotherapists
- Occupational therapists
- Other (Please specify)

42a. For patients transferred from another hospital for their amputation, are patients usually repatriated to the referring hospital following surgery?

- Yes
- No

42b. Is there a formal written policy for this?

- Yes
- No

43a. Is there a local provision of intermediate care in the community that accepts amputees for further care?

- Yes
- No

43b. If YES to 43a, does this include care in the community (CIC) beds?

- Yes
- No

43c. Please give details of any other arrangements in place, for example admission to specialist amputee rehabilitation units/beds.

44. Who normally makes the decision that a patient is safe for discharge or onward referral following a major amputation? (answers may be multiple)

- Vascular surgeon
- Foot and ankle surgeon (orthopaedic)
- Diabetologist
- Medicine for the elderly physician
- Consultant in rehabilitation medicine
- Podiatrist
- Trainees in vascular or general surgery
- Vascular clinical nurse specialist
- Diabetes specialist nurse
- Vascular ward nurse
- Physiotherapist
- Occupational therapist
- Representative for intermediate care
- Other (Please specify)

45. Following discharge do amputees have access to:

- Specialist OUTPATIENT physiotherapy services for amputees?
  - Yes
  - No

- Specialist DOMICILIARY physiotherapy services for amputees?
  - Yes
  - No

- Specialist OUTPATIENT occupational therapy services for amputees?
  - Yes
  - No

- Specialist DOMICILIARY occupational therapy services for amputees?
  - Yes
  - No

- NHS Podiatry service (care of the contralateral foot) if applicable
  - Yes
  - No
46a. Is formal written advice or a care pathway routinely provided to those responsible for an amputee’s management following discharge from hospital? (this may include GP, district nurse, intermediate care, specialist unit) □ Yes □ No

46b. If YES to 46a, does this include advice on the management of diabetes? □ Yes □ No

46c. If YES to 46a, does this include advice on the management of the contralateral limb? □ Yes □ No

46d. If YES to 46a, does this include advice on the management of risk factors for cardiovascular disease (secondary prevention)? □ Yes □ No

47. Are amputees with diabetes routinely followed up in the Diabetes Foot Clinic? □ Yes □ No □ NA - no diabetic foot clinic

48. Does your hospital routinely collect post-operative surveillance data for surgical site infection in patients undergoing lower limb amputation? □ Yes □ No

F. GENERAL CARE

To be completed by hospitals where amputations are undertaken and rehabilitation sites

49a. Does this hospital have a palliative care team? □ Yes □ No

49b. If YES, does this include review of patients with non-malignant disease? □ Yes □ No

50a. Does this hospital have an acute pain management team? □ Yes □ No

50b. If YES, does this routinely see amputees prior to surgery? □ Yes □ No

51a. Does the vascular unit undertake regular Morbidity & Mortality meetings? □ Yes □ No

51b. If YES, how often do these occur?
- □ Weekly
- □ Monthly
- □ Twice monthly
- □ Other (please state)

51c. If YES, do they include:
- □ Vascular surgeons
- □ Physiotherapists
- □ Podiatrists
- □ Surgical trainees
- □ Anaesthetist
- □ Specialist nurses
- □ Occupational therapists
- □ Ward nurses
- □ Interventional radiologist
- □ Diabetologist
- □ Other (Please specify)

Thank you for taking the time to complete this questionnaire
Funding for this study was provided by The Healthcare Quality Improvement Partnership (HQIP) as part of The Clinical Outcome Review Program into medical and surgical care.

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