News Release

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Fewer than half of amputation patients had good care, says NCEPOD

Fewer than half (44%, 229/519) of patients that needed leg amputation received good care because of poorly co-ordinated care and a lack of multidisciplinary team working. This is the message issued today by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) in its latest report, which also highlights concerns about the growth in diabetes that is increasingly leading to amputation.

Lead report author and Consultant Vascular Surgeon, Professor Michael Gough, stated that: “A significant improvement is needed in the care of amputation patients given that fewer than half received good care, and that the mortality rate of 12.4% for the procedure was higher than has been reported in the US (9.6%). Having a limb removed is a life changing experience and patients need to be supported by a wide range of health professionals, other than just the surgeon. Good multidisciplinary care from the outset is required to ensure that these patients, who often have multiple medical problems, receive the best possible treatment, including treatment of diabetes and heart problems, physiotherapy, rehabilitation and a properly planned discharge.

“Many amputations,” he added, “are performed in the emergency operating theatre and are often subject to last minute cancellation. These are high-risk patients and they should be given the benefit of surgery in normal working hours where senior doctors can oversee their care.”

Recent figures show that more than 5,000 people in England, Wales and Northern Ireland undergo a major amputation each year.

Key findings in this latest report from NCEPOD, Lower limb amputation: working together, also found that more than half of the patients included in the study had diabetes (55.6%), but there had been little involvement in their care by diabetes specialists.

Co-author and Consultant Physician Dr Mark Juniper outlined his concerns about the poor control of diabetes for this group of patients: "More than half of the patients in our study had diabetes, and complications from this are a leading cause of leg amputation. Unfortunately, we found that diabetes was not well managed in about 20% of the cases we looked at. Routine, early involvement of diabetes specialists would have improved care for these patients, and might even have reduced the number of amputations needed for foot sepsis. The incidence of diabetes is rising, so it is even more important to address this."
He explained that many patients have multiple medical problems that need specialist input: “A model of shared care between surgeons and geriatricians reduces mortality in hip fracture patients. We are proposing a similar approach for patients having amputations.”

NCEPOD Advisors found that the management guidelines already published by the Vascular Society of Great Britain & Ireland (VSGBI), which aims to reduce mortality to less than 5% by 2015, the British Association of Chartered Physiotherapists in Amputee Rehabilitation (BACPAR) and the British Society of Rehabilitation Medicine (BSRM) were not being followed. Also, the care pathways for patients having a lower limb amputation lacked clarity had had an adverse impact on the quality of care.

**Key findings**

- Early review by a consultant vascular surgeon might have altered the outcome in 18/198 patients, particularly for patients admitted under other specialties.
- Nearly a quarter of (138/598 -23%) patients who should have had elective amputation underwent emergency surgery.
- Two-thirds of all delays would have been avoided if surgery had been performed on a planned operating list.
- 87% (452/516) of amputees did not have a named individual responsible for co-ordinating discharge planning and rehabilitation.
- Only 12.8% (41/310) of patients with diabetes were admitted under the care of the diabetes service.
- Only 58.4% (160/274) of patients with diabetes were reviewed pre-operatively by a diabetes nurse specialist.
- The Advisors considered that glycaemic control was poor or unacceptable in at least one in seven patients at some point within the surgical pathway.

**Key recommendations**

- A best practice clinical care pathway should be developed that supports the aims of the Vascular Society’s Quality Improvement Framework (QIF) for Major Amputation Surgery, and covers all aspects of the management of patients that require amputation.
- All patients with diabetes who need a lower limb amputation should be reviewed pre-operatively by the specialist diabetes team to optimise control of diabetes and manage any co-morbidities.
- When patients are admitted to hospital under the care of a non-vascular specialist with limb-threatening ischaemia (poor blood supply), including acute diabetic foot problems, a vascular surgeon should review the patient within the first 24 hours.
- Amputations should be done on a planned operating list during normal working hours in line with the QIF recommendation.
- Amputation should be carried out within 48 hours of the decision to operate. Any case waiting longer than this should be subject to local case review to identify reasons for delay and improve the organisation of care.
- Discharge planning that includes rehabilitation should commence as soon as the need for amputation is identified. All patients should have access to a suitably qualified amputation/discharge co-ordinator.

NCEPOD Chair, Bertie Leigh, said: “In a nutshell, it seems we are not doing well enough - just as the VSGBI suspected. Our Advisors found room for improvement in every aspect of both the organisation and the clinical delivery of care to patients having amputation. This group of patients...
must be recognised and described in one set of protocols, or clinical care pathways that will be applied by the whole team of practitioners.

“Getting it wrong can have tragic consequences for individuals, and our report also shows how hard it is to get care right. NCEPOD is dedicated to fighting to make it better at a time when NHS resources are under fire as never before. This report is a cogent reminder of what we have to lose if we don’t get it right,” he added.

Ends

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Report authors are available for interview

Notes to editors

- NCEPOD is an independent charitable organisation that reviews medical and surgical clinical practice and makes recommendations to improve the quality of the delivery of care. We do this by undertaking confidential surveys covering many different aspects of care and making recommendations for clinicians and management to implement. This study was undertaken as part of the Clinical Outcome Review Programme into Medical and Surgical Care commissioned by HQIP.
- The Healthcare Quality Improvement Partnership (HQIP) is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices. HQIP’s aim is to promote quality improvement, and it hosts the contract to manage and develop the Clinical Outcome Review Programmes, one of which is the Medical and Surgical Clinical Outcome Review Programme, funded by NHS England, Wales, Northern Ireland and Jersey, Guernsey and the Isle of Man. The programmes, which encompass confidential enquiries, are designed to help assess the quality of healthcare, and stimulate improvement in safety and effectiveness by systematically enabling clinicians, managers and policy makers to learn from adverse events and other relevant data. More details can be found at: www.hqip.org.uk/clinical-outcome-review-programmes-2/
- In total 628 cases were assessed by NCEPOD Advisors.
- It is estimated that 500-1000 patients per million of the UK population have clinically significant peripheral vascular disease. Of these, roughly 1-2% of patients will eventually require a lower limb amputation, though this figure increases to 5% in diabetics.
- More information on the VSGBI Quality Improvement Framework for Major Amputation Surgery can be found at www.vascularsociety.org.uk
- For further information about NCEPOD visit our website on www.ncepod.org.uk
- Copies of Lower limb amputation: working together can be downloaded from the NCEPOD website as a PDF from 14 November 2014, or ring NCEPOD on 020 7251 9060.