



# National Diabetes Foot Care Audit (NDFA)

Are services providing effective diabetes foot care?

England and Wales, 2018–23

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# What is the National Diabetes Foot Care Audit (NDFA)?

The National Diabetes Foot Care Audit (NDFA) enables all services that treat people with diabetes related foot disease to measure their performance against National Institute for Health and Care Excellence (NICE) guidance.

The NDFA aims to:

1. Measure factors associated with increased risk of ulcers and adverse ulcer outcomes. patient outcomes and to benchmark against peers.
2. Provide data on diabetes related foot disease that can be used by service providers, local commissioners and national policy makers to monitor the highest quality of care of diabetes related foot disease in England and Wales.
3. Share best practice information to enable the highest quality of care of diabetes related foot disease in England and Wales.

## The audit looks at three key areas:



### Structures

Are the nationally recommended care structures in place for the management of diabetes related foot disease?



### Processes

Does the treatment of active diabetes related foot disease comply with nationally recommended guidance?



### Outcomes

Are the outcomes of diabetes related foot disease optimised?

This audit report reviews **findings in foot care processes and outcomes** over a five- year period from 2018–23. The data in this summary relates to people with diabetes related foot disease in England and Wales.



**2018-23**  
**England and Wales**



## Recorded

This report includes information on over **122,000 foot ulcers in people with diabetes (2018-23).**



**122,030**  
foot ulcers recorded

## Registered

In 2022-23, **22,655 people with diabetes were registered with the audit.**



**22,655**  
people with diabetes registered

## Why are foot ulcers important?

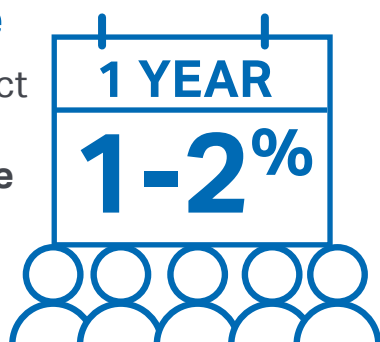
Foot ulcers are very challenging to people with diabetes and there are **emotional, physical and financial costs**. Foot ulcers can lead to increased risk of both amputation and death.



**emotional**  
**physical**  
**financial**

## Prevalence

Foot ulcers affect between **1 and 2% of all people with diabetes each year.**



## Cost

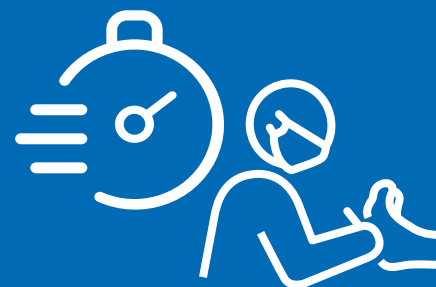
Treating foot ulcers accounts for approximately **1% of the total NHS budget.**





## Key findings

Shorter times to first expert assessment led to greater chance of being alive and ulcer free at 12 weeks.



Early expert assessment of all new foot ulcers is really important. The NDFA has shown that faster referral to specialist foot care services leads to fewer severe ulcers and greater chance of being alive and ulcer free (AAUF) at 12 weeks.

Twelve weeks after the first expert assessment (FEA), foot care services record whether:

- The person is alive.
- The ulcer is healed.
- The person does not have new foot ulcers.

In the NDFA this is referred to as being alive and ulcer free (AAUF).

### Between 2018-23, alive and ulcer free

**56%** of patients were **AAUF at 12 weeks** when they **self-referred**.

**51%** of patients were **AAUF at 12 weeks** when they were seen for FEA with **2 days**.

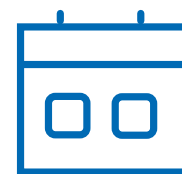
**36%** of patients were **AAUF at 12 weeks** when they waited **two months or more** for first expert assessment.



**56%**  
Self-referred



**51%**  
48hr or less



**36%**  
2+ Days

### Recommendation

Integrated care boards (ICBs) and Welsh local health boards (LHBs) should ensure that health care providers (HCPs) arrange early expert assessment of all new foot ulcer episodes following either health care professional referral or self-referral. In every ICB or LHB more than 70% of new ulcers should receive FEA within 0-13 days by 2026.





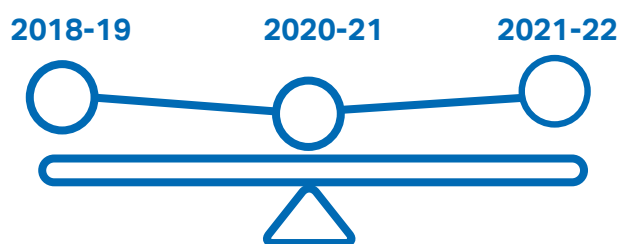
## Key findings

There is a marked difference between regions, ICBs, LHBs and services in terms of assessment and outcomes.



### First Expert Assessment (FEA), 0-13 days

The mean percentage of people with a FEA within **0-13 days** has remained stable over the **5 year period** (2018-23). Despite this there is **great variation between services**.

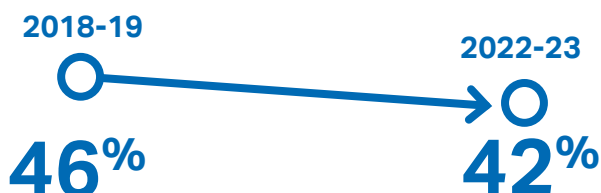


In 2022-23 the percentage of people with FEA within **0-13 days after referral** ranged from **5% to 100%** across providers.



### Alive and ulcer free at 12 weeks

**Nationally**, there has been an overall decline in the mean percentage of people AAUF at 12 weeks after FEA from **46%** in 2018-19 to **42%** in 2022-23.



There is also **great variation** between **services**. For **severe ulcers** the percentage of people AAUF at 12 weeks after FEA in 2022-23 ranged from **4% to 54%**.



### Recommendation

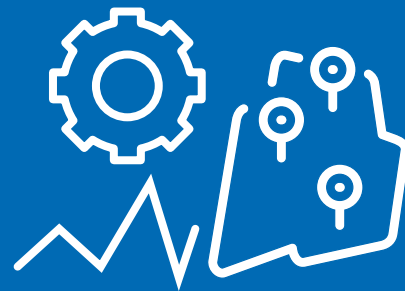
ICBs and Welsh LHBs should ensure that specialist clinical foot care services are accessible to all people with diabetes related foot ulcers and are appropriately resourced.





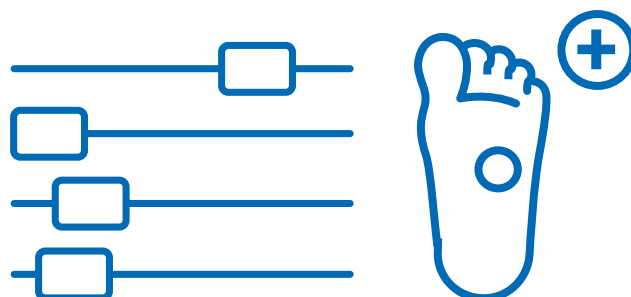
## Key findings

There are wide-ranging differences between regions, ICBs and services in ulcer registration rates.

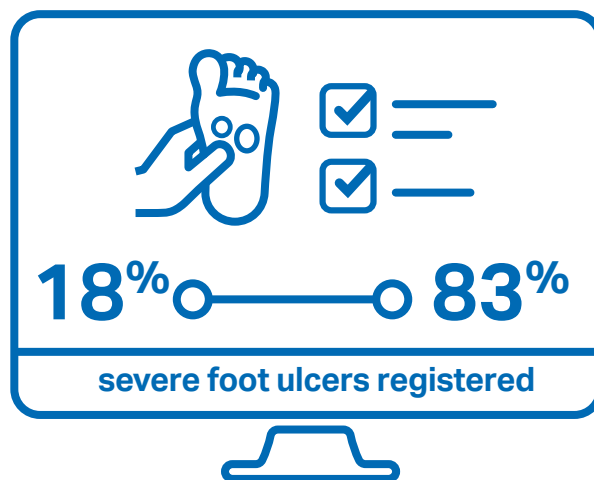


### Registration rates

Whilst some areas are gathering information on nearly all new foot ulcers, **many others are not.**



The percentage of **severe ulcers registered at provider level** ranged from **18%** to **83%** in 2022-2023.



### Recommendation

ICBs and Welsh LHBs should review their provider organisations, using the NDFA dashboard including the number of ulcer registrations, time to FEA, ulcer severity at FEA and 12 week outcomes to improve referral rates.



[Visit the full report](#)