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7th July 2020

Deputy Róisín Shortall, TD
Dáil Éireann
Leinster House
Kildare Street
Dublin 2

RE: PQ 12291/20

To ask the Minister for Health the number of hospital bed days required by patients by count, on persons under 65 years of age treated for foot ulcerations which did not require a full or partial limb amputation in each of the years 2017 to 2019; the number of patients that had diabetes; and if he will make a statement on the matter

Dear Deputy Shortall,

The Health Service Executive has been requested to reply directly to you in relation to the above parliamentary question, which you submitted to the Minister for Health for response. I have consulted with the National Clinical Programme for Diabetes on your question and have been informed that the following outlines the position.

County	2017				2018				2019			
	Cases with foot ulcers without lower limb amputation, aged under 65 years	Bed days used for Cases with foot ulcers without lower limb amputation, aged under 65 years	Cases with foot ulcers without lower limb amputation, aged under 65 years, with diabetes	Bed days used for Cases with foot ulcers without lower limb amputation, aged under 65 years, with diabetes	Cases with foot ulcers without lower limb amputation, aged under 65 years	Bed days used for Cases with foot ulcers without lower limb amputation, aged under 65 years	Cases with foot ulcers without lower limb amputation, aged under 65 years, with diabetes	Bed days used for Cases with foot ulcers without lower limb amputation, aged under 65 years, with diabetes	Cases with foot ulcers without lower limb amputation, aged under 65 years	Bed days used for Cases with foot ulcers without lower limb amputation, aged under 65 years	Cases with foot ulcers without lower limb amputation, aged under 65 years, with diabetes	Bed days used for Cases with foot ulcers without lower limb amputation, aged under 65 years, with diabetes
Carlow	12	118	6	71	20	142	6	38	21	233	12	203
Cavan	17	249	7	196	24	159	6	88	45	414	23	332
Clare	29	549	20	444	37	538	20	337	42	457	26	278
Cork	97	1045	60	796	108	2009	58	1100	125	2047	73	1107
Donegal	21	420	14	105	26	250	15	163	22	310	7	141
Dublin	628	5957	138	2697	648	7158	283	4227	596	8148	260	4395
Galway	55	591	33	422	50	1110	34	528	44	619	24	379
Kerry	17	283	7	66	41	507	15	191	29	300	18	159
Kildare	72	778	44	487	48	729	31	476	47	573	36	507
Kilkenny	17	151	11	129	10	82	9	82	15	585	10	237
Laois	21	137	14	97	20	319	11	105	19	267	7	122
Leitrim	8	100	~	*					10	115	~	*
Limerick	68	935	35	531	67	663	35	321	55	555	43	457
Longford	25	311	16	289	40	297	27	158	24	334	14	273
Louth	106	715	47	493	106	574	59	398	96	471	29	283
Mayo	15	675	10	604	24	374	16	325	28	534	19	491
Meath	97	457	42	307	65	248	21	137	86	570	52	319
Monaghan	19	201	~	*	24	103	11	63	16	99	7	69
Offaly	12	70	6	20	14	99	10	85	18	270	12	175
Roscommon	8	51	~	*	12	117	6	96	12	74	~	*
Sligo	20	292	11	209	26	396	18	310	26	245	16	195
Tipperary	28	417	16	354	24	251	14	159	22	446	14	288
Waterford	40	526	27	366	35	502	24	250	46	638	33	596
Westmeath	32	270	19	150	39	277	28	193	22	227	14	127
Wexford	47	493	33	380	57	487	46	371	68	858	42	542
Wicklow	58	807	34	231	119	694	107	418	220	859	204	656

* Where number of cases is suppressed number of beddays is also suppressed.

Notes:

- The figures quoted include data from all publicly funded hospitals which were included on the Hospital In-patient Enquiry (HIPE) system during 2017, 2018 and 2019.
- In-patient and day case discharges are reported only; ED and Out-patient attendances are not recorded on HIPE. Patients of No Fixed Abode or not normally resident in Ireland have been excluded. It is important to note that this data is based on hospital discharges only and does not include patients undergoing treatment who are not admitted to hospital. Furthermore, the data is based on hospitalisations which may include multiple admissions for the same patient. Therefore the data presented here cannot be construed as an estimate of the prevalence of the treatment specified.
- For every discharge HIPE captures a principal diagnosis and up to 29 additional diagnoses, and up to 20 procedures, in addition to administrative and demographic information.
- Diagnosis and Procedures are coded using ICD-10-AM/ACHI/ACS (from 2015 8th edition is used). ICD-10-AM is the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification. The ICD-10-AM disease component is based on the World Health Organisation (WHO) ICD-10. ICD-10-AM is used in conjunction with the Australian Classification of Health Interventions (ACHI), and the Australian Coding Standards (ACS) to reflect an accurate health episode of care.
- The Healthcare Pricing Office does not report cells where the number of discharges reported to HIPE is between 1 and 5. In this output, such cells have been presented as ~.

Definitions used:

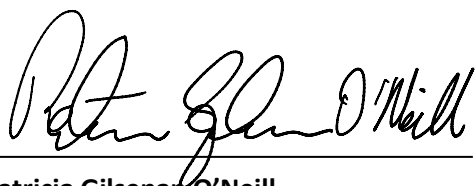
- Full or Partial lower limb Amputation: any procedure with a code of 44367-01 Disarticulation at knee, 44367-02 Amputation below knee, 44370-00 Amputation at hip, 44373-00 Hindquarter amputation, 44367-00 Amputation above knee, 44338-00 Amputation of Toe, 44358-00 Amputation of toe including metatarsal bone, 90557-00 Disarticulation through toe, 44361-00 Disarticulation through ankle, 44364-00 Midtarsal amputation, 44364-01 Transmetatarsal amputation, 44361-01 Amputation of ankle through malleoli of tibia and fibula
- Diabetes: any diagnosis with a code of E10 Type 1 Diabetes, E11 Type 2 diabetes, E13 Other specified diabetes mellitus, E14 Unspecified diabetes mellitus
- Foot Ulcer: any diagnosis of L97 Ulcer lower limb NEC, E10.73 Type 1 diabetes mellitus with foot ulcer due to multiple causes, E11.73 Type 2 diabetes mellitus with foot ulcer due to multiple causes, E13.73 Other specified diabetes mellitus with foot ulcer due to multiple causes, E14.73 Unspecified diabetes mellitus with foot ulcer due to multiple causes
- Age Under 65: Restricted to patients aged less than 65 at discharge
- County: The county of residence code identifies the place where the person would normally reside, i.e. 'home address'. Those from a foreign country that are now resident in Ireland would have a code assigned for where they now live in Ireland.
- Bed Days: number of days between admission date and discharge date, where admission date is equal to discharge date the bed day has been set to 0.5 days

Additional Information from NCP Diabetes:

Limb loss is one of the most devastating complications of diabetes and represents an enormous burden on individuals, their families and on the health and social care system in general. Reducing the number of diabetes-related amputations is a major goal of the National Clinical Programme (NCP) for Diabetes. Over the past number of years, the HSE has appointed 31 new diabetes specialist podiatrists. The first 22 of these posts have been deployed in the acute (hospital) setting with a focus on dealing with the management of patients with active foot disease. The National Clinical Programme for Diabetes is aware of many examples of excellent multidisciplinary care pathways that have been put in place around these new hospital podiatry appointments with local audits demonstrating improved decision making and reduction in length of stay for complex diabetic foot patients. The most recent HSE specialist podiatry appointments have been made in primary care. Each Community Health Organisation now has at least one community-based podiatrist assigned to provide care to patients at risk of future ulceration or limb loss.

I trust this information is of assistance to you but should you have any further queries please do not hesitate to contact me.

Yours sincerely,



Patricia Gilsenan O'Neill
General Manager