



4th October 2021

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

RE: PQ 45555/21

To ask the Minister for Health the number of full and partial lower limb amputations that were carried out in 2020 by county on persons under 65 years of age; the number of these patients who 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.

2020		
County	Cases with lower limb amputations, aged under 65 years	Cases with lower limb amputations with diabetes, aged under 65 years
Carlow	6	~
Cavan	~	~
Clare	8	6
Cork	33	20
Donegal	~	0
Dublin	112	81
Galway	13	6
Kerry	~	~
Kildare	15	10
Kilkenny	7	6
Laois	6	~
Leitrim	~	~
Limerick	20	13
Longford	~	0
Louth	7	~

Mayo	11	6
Meath	8	7
Monaghan	~	~
Offaly	~	~
Roscommon	6	~
Sligo	~	~
Tipperary	17	12
Waterford	9	8
Westmeath	7	6
Wexford	16	9
Wicklow	18	13

~ Denotes five or fewer discharges reported to HIPE

Notes:

- The figures quoted include data from all publicly funded hospitals which were included on the Hospital In-patient Enquiry (HIPE) system during 2020.
- In-patient and day case discharges are reported only; Emergency Department (ED) and out-patient department (OPD) 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. ICD-10-AM is the International Statistical Classification of Diseases and Related Health Problems, 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 (HPO) 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 ~.
- Discharges from Non-Group hospitals were excluded, except for National Rehabilitation Hospital (NRH), Dun Laoghaire, which is part of acute hospitals since 2021 and so has been included for this request.
- Please note that the 2020 HIPE data provided does not include any public activity performed in private hospitals under the 2020 private hospital agreements.

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.
- 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.

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 ongoing goal of the National Clinical Programme (NCP) for Diabetes.

Over the past number of years, the HSE has appointed new diabetes podiatrists. The first 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 (NCP) for Diabetes is aware of many examples of excellent diabetic foot multidisciplinary team care pathways that have been put in place around these new hospital podiatry appointments. The most recent HSE podiatry appointments have been made in primary care. Each Community Health Organisation will now have at least one community-based podiatrist assigned to provide care to patients at risk of future ulceration or limb loss. These positions will support the General Practitioner (GP) and the Acute Hospitals.

The NCP for Diabetes has completed an updated *Model of Care for the Diabetic Foot (2021)*, with a view to clarifying the roles and responsibilities of the various members of the multidisciplinary team involved in managing patients with (or at risk for) foot ulceration. The update to the Model of Care (MoC) emphasises the importance of joined-up working across primary, secondary and tertiary care, with clarification of referral pathways between the different sectors.

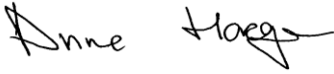
The most recent agreement between the Department of Health and the Irish Medical Organisation (IMO) on a major package of GP contractual reform is a welcome development, as it will enable GPs to carry out foot screening to identify those at risk and allow targeted comprehensive preventive services for the people who need them.

Diabetes podiatrists should be involved in managing the high risk and active foot disease patients. Although the recent HSE appointments are welcome, the number of podiatrists dedicated to acute diabetic foot disease is still well below international standards. Additional podiatrists are needed in hospitals to prevent limb loss.

Multidisciplinary working is a key element of delivering high quality care to complex diabetic foot patients. The NCP for Diabetes is working closely with Vascular Surgeons, Orthopaedic Surgeons, Orthotists, Tissue Viability Nurses and other specialist groups involved in managing these complex patients. The NCP for Diabetes sees podiatrists as the cornerstone of the MDT in managing the diabetic foot.

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



Anne Horgan
General Manager