



4<sup>th</sup> October 2021

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

**RE: PQ 45556/21**

**To ask the Minister for Health the number of bed days required by patients treated for foot ulcerations which do not require a full or partial limb amputation in 2018, 2019 and 2020; the number of those 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.

Year	Cases with foot ulcer, no lower limb amputation	Bed days with foot ulcer, no lower limb amputation	Cases with foot ulcer, no lower limb amputation, with diabetes	Bed days with foot ulcer, no lower limb amputation, with diabetes
2018	5,913	80,775	2,734	38,413
2019	5,882	82,585	2,825	43,868
2020	4,926	67,578	2,536	37,314

**Notes:**

- The figures quoted include data from all publicly funded hospitals which were included on the Hospital In-Patient Enquiry (HIPE) system during 2018-2020.
- In-patient and day case discharges are reported only; Emergency Department (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 2015-2019 8th edition was used, from 2020 10th 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.
- 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 continuous goal of the National Clinical Programme (NCP) for Diabetes.

Over the past number of years, the HSE has appointed diabetes podiatrists, with the first of these posts 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 hospital podiatry appointments, with local audits demonstrating improved decision making and reduction in length of stay for complex diabetic foot patients.

The NCP for Diabetes has completed an updated Model of Care for the Diabetic Foot (2021), with clarification of the roles and responsibilities of the various members of the diabetic foot teams involved in managing patients with (or at risk for) foot ulceration. The updated Model of Care emphasises the importance of joined up working across primary, secondary and tertiary care.

In line with the vision set out by Sláintecare, the HSE Enhanced Community Care Programme (ECCP) is a new, targeted reform programme that aims to resource and scale-up community healthcare services, including specialist diabetes services, in line with the *National Framework for the Integrated Prevention and Management of Chronic Disease in Ireland, 2020-2025*.

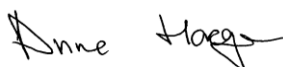
Extensive funding has been secured for the development of 30 specialist ambulatory care hubs. Each hub will deliver specialist services to all eligible patients diagnosed with diabetes, thereby providing *early intervention in the At Risk Foot*, supporting General Practices (GPs) and acute services. These hubs will be resourced with the following diabetes specialist staff:

- Clinical Nurse Specialists, Diabetes Integrated Care;
- Senior Dietitians (Diabetes); Staff Grade Dietitians (Diabetes Prevention);
- Podiatrists (1 Clinical Specialist Podiatrist, 1 Senior Podiatrist and 1 Staff Grade Podiatrist).

Recruitment for Phase 1 of this programme began in Q1 2021, and to date over 60 new chronic disease specialist staff have started in post, with many others in the pre-employment stage of recruitment. Recruitment for Phase 2 starts in Q4 2021.

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



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**Anne Horgan**  
**General Manager**