

ZAP (Zero All Preventable) Amputations – what have we learned

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Foot in Diabetes UK mission statement;

- FDUK is a multidisciplinary organisation committed to leading and supporting high-quality health care to improve outcomes for people with diabetes related foot disease.

Membership



Free of charge



www.footindiabetes.org



Membership page





What is ZAP?

- The ZAP (Zero All Preventable) Amputations is an initiative led by Foot in Diabetes UK (FDUK) aimed at reducing the number of avoidable lower-limb amputations in people with diabetes across the UK.
- It is a multidisciplinary group of health care professionals that aims to improve diabetes foot care.
- The group promotes early and equitable access to specialist foot care to prevent delays that often lead to amputations.
- Such access to specialist foot care should be rapid, and it has stressed that NHS trusts and diabetes services should re-evaluate referral pathways and reduce delay.



**ZERO
ALL
PREVENTABLE
AMPUTATIONS**

Aims and Actions;

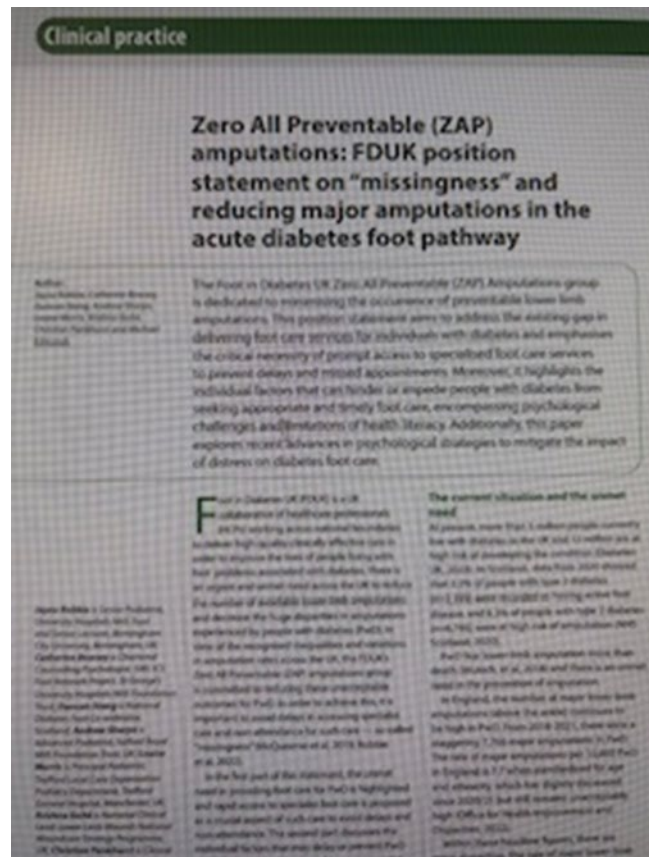
It underlines the concept of “missingness”, as applied to missed appointments that contribute to poor outcomes.

It highlights the role of psychological distress and poor health literacy in delaying care, stressing the need to embed mental health support within diabetes services .

It has encouraged the establishment and support of Multidisciplinary Diabetic Foot Teams (MDFTs), which are recognized as essential to preventing amputations

It’s overall aim is to ensure no preventable amputation occurs due to system failures, lack of awareness, or inadequate care pathways.

<https://diabetesonthenet.com/journals/the-diabetic-foot-journal>



The Foot in Diabetes UK Zero All Preventable (ZAP) Amputations group is dedicated to minimising the occurrence of preventable lower limb amputations.

This position statement aims to address the existing gap in delivering foot care services for individuals with diabetes and emphasises the critical necessity of prompt access to specialised foot care services to prevent delays and missed appointments.

Moreover, it highlights the individual factors that can hinder or impede people with diabetes from seeking appropriate and timely foot care, encompassing psychological challenges and limitations of health literacy.

Additionally, this paper explores recent advances in psychological strategies to mitigate the impact of distress on diabetes foot care.

Robbie J, Bewsey C, Stang D, et al (2023) Zero All Preventable (ZAP) amputations: FDUK position statement on “missingness” and reducing major amputations in the acute diabetic foot pathway. *The Diabetic Foot Journal* 26(1):18–24.

Delays in getting to specialist care for people with diabetes and foot problems. What are the delays and how can we reduce them? A Position Statement from the ZAP Amputation group of FDUK

Lesley Morris, Jayne Robbie, David Stang, Catherine Bowers, Andrew Stamps, Christian Partridge, Andrea Gold and Michael Edwards

A crucial barrier to effective diabetic foot care is the delay in accessing specialist care. Delays can take place in three situations: 1. Delay by the person with diabetes in seeking care. A lack of knowledge in the person with diabetes can lead to a lack of urgency in seeking help from a healthcare professional. 2. Delay by healthcare professionals in referring to specialist care. When a person with a foot problem seeks advice, there is sometimes a delay due to failure of a healthcare professional to make a diagnosis. 3. Delay in accessing care related to the multidisciplinary diabetic foot team. Referrals from primary and community care to the multidisciplinary foot team are difficult if it needs inter-agency or does not exist and that is the situation in some Hospital Trusts in the UK. Four recommendations to reduce delays are put forward: 1. Formation of a credible multidisciplinary diabetic foot team. 2. Organisation of efficient referral pathways. 3. Establishment of an advanced consultant protocol role. 4. Utilisation of the A&E foot clinic as a triage tool to highlight warning signs leading to amputation.

A person with diabetes (PwD) has a one in three chance of developing a foot problem in their lifetime (Hawking et al, 2017; Edwards et al, 2018). Diabetic foot disease is a highly preventable condition, which can rapidly spread through the foot and lower limb causing extensive damage and in a worst case scenario amputation (Hawking et al, 2017). The concept of 'Time to Treat' emphasises the critical importance of rapid assessment, diagnosis and treatment of diabetic foot disease to prevent the onset of the most severe (Stang et al, 2018). In addition to advanced professional medical teams (PMT) provided with diabetes care, many primary care and generalist units have a role in assessment and care (Hawking et al, 2017). When these units experience low a patient requires support on the quality of the PMT, offering advice, information and the ability to refer to specialist services (Hawking et al, 2018). Although it may be challenging or complex, prompt foot disease, a consistent goal is to prevent the development of diabetic foot or other complications or progress. Rapid diagnosis and timely treatment are crucial in stopping disease initiation and advance therapy. The presence of specialist care to provide assessment and treatment from a multidisciplinary team (MDT) can significantly improve clinical outcomes and reduce amputations (Stang et al, 2018).

The document discusses delays in accessing specialist care for diabetic foot problems and offers recommendations to improve timely treatment and reduce the risk of amputations.

Delays can take place in three situations:

- 1. Delay by the person with diabetes in seeking care.** A lack of knowledge in the person with diabetes can lead to a lack of urgency in seeking help from a healthcare professional.
- 2. Delay by healthcare professionals in referring to specialist care.** When a person with a foot problem seeks advice, there is sometimes a delay due to failure of a healthcare professional to make a diagnosis
- 3. Delay in accessing care** related to the multidisciplinary diabetic foot team.

Delays in reaching specialised care can be recognised at three key points;

When the person with diabetes develops a foot problem and has to make a decision to seek care or not

When the health care professional sees a person with diabetes and a problem and has to make a decision whether to refer to specialised care or not

During the referral process to access specialised care



Reasons for delays

- Poor symptom recognition by PwD
- Inaccurate health care assessment by HCP
- Difficulties in accessing specialised services.

Nickinson (2020)



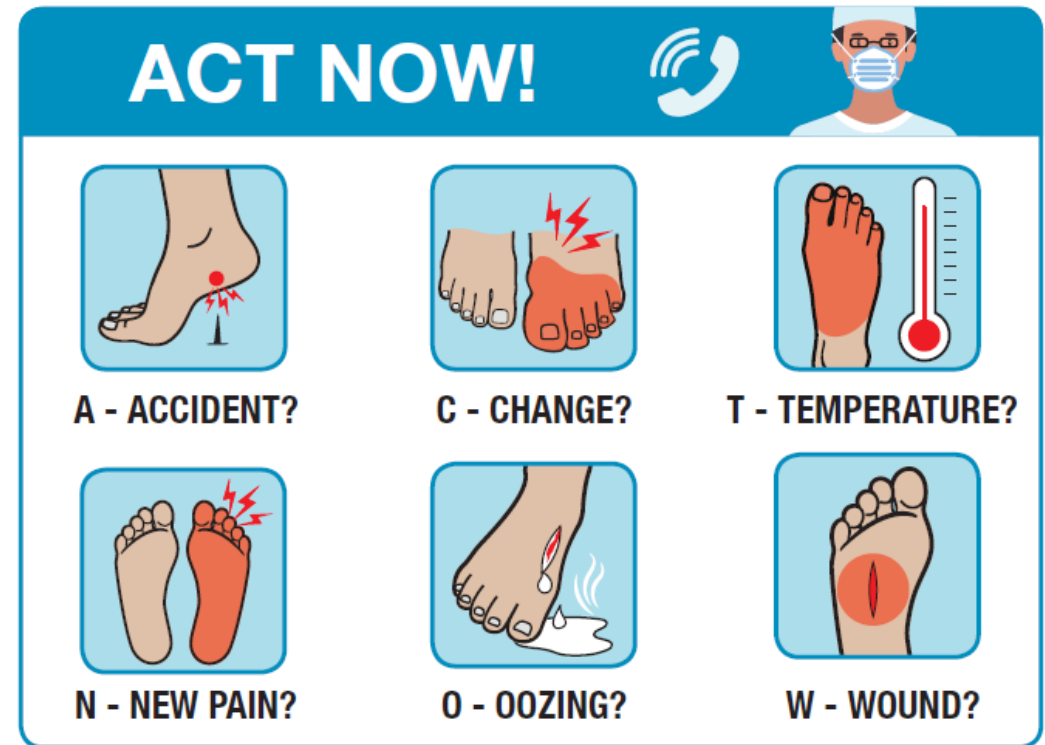


The Way Forward

- Rapid recognition of a problem by the PwD
- Rapid and informed assessment by the HCP

Four recommendations to reduce delays are put forward:

- Formation of a credible multidisciplinary diabetic foot team.
- Organisation of efficient referral pathways.
- Establishment an advanced/consultant podiatrist role.
- Utilisation of the ACT NOW acronym as a triage tool to highlight warning signs leading to amputation.



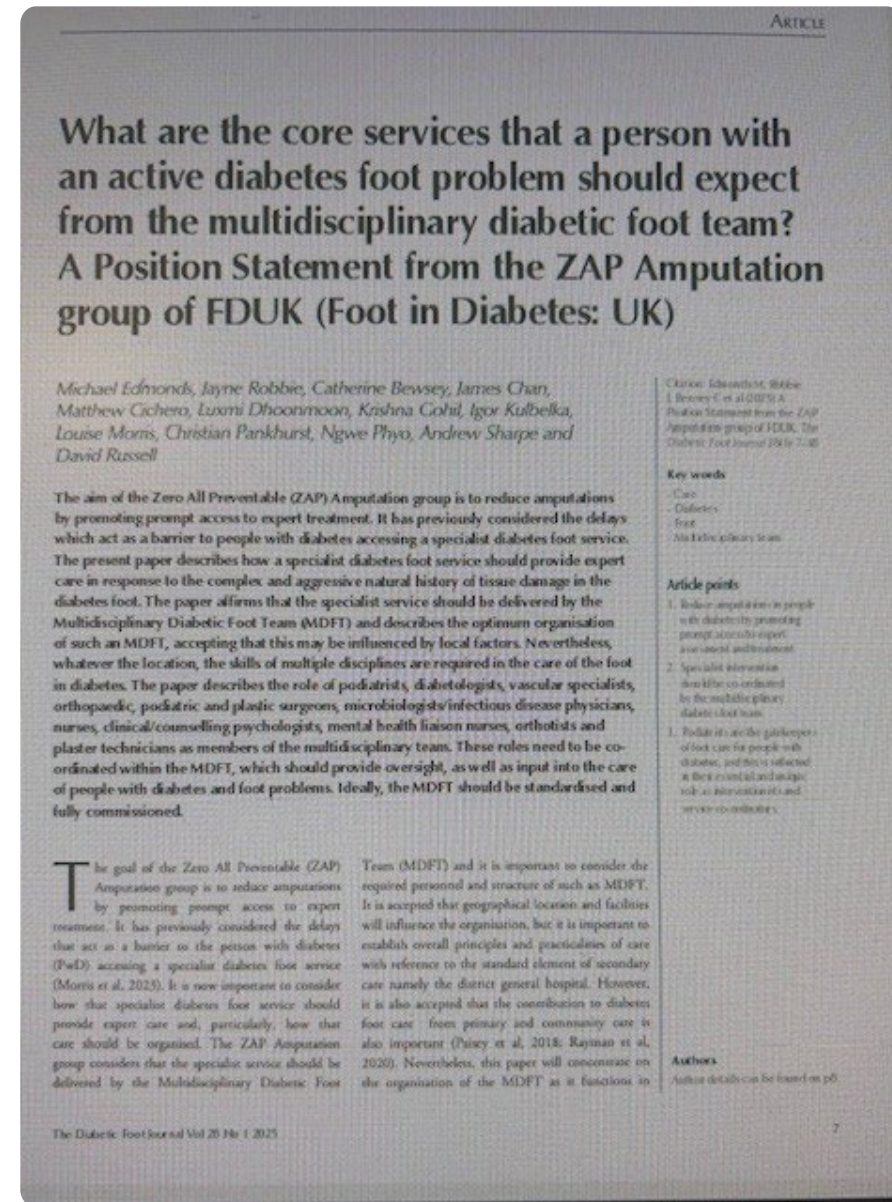
The aim of the Zero All Preventable (ZAP) Amputation group is to reduce amputations by promoting prompt access to expert treatment.

It has previously considered the delays which act as a barrier to people with diabetes accessing a specialist diabetes foot service.


The present paper describes how a specialist diabetes foot service should provide expert care in response to the complex and aggressive natural history of tissue damage in the diabetes foot.

The paper affirms that the specialist service should be delivered by the Multidisciplinary Diabetic Foot Team (MDFT),

and describes the optimum organisation of such an MDFT, accepting that this may be influenced by local factors.



Edmonds M, Robbie J, Bewsey et al (2025) What are the core services that a person with an active diabetes foot problem should expect from the multidisciplinary diabetic foot team? A Position Statement from the ZAP Amputation group of FDUK (Foot in Diabetes: UK A Position Statement from the ZAP Amputation group of FDUK. The Diabetic Foot Journal 28(1): 1–12.



Key points from the document:

- **Multidisciplinary Team Structure:** Effective functioning of the Multidisciplinary Diabetic Foot Team (MDFT) requires contributions from healthcare professionals across various disciplines working within a defined team structure.
- **Podiatrist Leadership:** A senior-level podiatrist, preferably a consultant podiatrist, should act as a joint clinical lead of the MDFT alongside the diabetologist. Podiatrists are pivotal in providing expert debridement, wound care, offloading services, and coordinating care.
- **Diabetologist Role:** jointly lead the MDFT, managing metabolic control, diabetic complications, infections, and comorbidities, while collaborating with other specialists.
- **Vascular Specialists:** Crucial for managing ischaemia, including surgical debridement and revascularization. Endovascular and surgical bypass procedures should be available in hub and spoke hospitals.
- **Podiatric Surgeons:** Perform surgical debridement of infection and correction of all foot, including Charcot, deformities, with closer integration into the MDFT recommended.
- **Microbiologist/Infectious Disease Physician:** Provide diagnostic and treatment advice for foot infections, ensuring timely and targeted antibiotic therapy.
- **Orthotists:** Assess deformities, provide offloading, and orthoses.
- **Plaster Technicians or Orthopaedic Practitioners:** Assist in offloading by applying and managing total contact casts.
- **Orthopaedic Surgeons:** Responsible for acute surgical debridement of infected/ non-ischaemic feet and correction of Charcot foot and forefoot deformities.
- **Plastic Surgeons:** Provide soft tissue coverage through grafts and microsurgical free tissue transfers, playing a critical role in limb salvage.
- **Nurses:** Serve in various roles, including tissue viability, wound care, diabetes foot care, OPAT, vascular care, and mental health liaison. Also blood glucose optimisation, patient education and medicines reconciliation
- **Clinical/Counselling Psychologist:** Address psychological complexities, provide distress screening, and support self-management and treatment adherence or **Mental Health Liaison Nurse:** Detect and treat psychological distress and mental illness, complementing the psychologist's role.
- **Holistic Care Co-ordination:** The MDFT should provide oversight and coordinate care for the entire journey of the person with diabetes (PWD) through episodes care.
- **Community and Primary Care Integration:** The MDFT should work closely with community and primary care services, ensuring prompt expert assessment and treatment to avoid delays.
- **Inpatient and Outpatient Care:** The MDFT should extend its expertise to both outpatient clinics and inpatient ward rounds, ensuring continuity of care.
- **Standardization and Commissioning:** The MDFT should be standardized and fully commissioned to ensure consistent and equitable care across hospitals.

ZAP Amputations has provided;



Strategic Influence

- Position statements published in The Diabetic Foot Journal, which have helped shape diabetic foot care.
- Raised national awareness of the concept of “missingness.”



Healthcare System Improvements

- Advocated for rapid access to specialist foot care,
- Encouraged the formation of Multidisciplinary Diabetic Foot Teams (MDFTs) .



Mental Health Integration

- Highlighted the role of psychological distress and poor health literacy in delaying care, leading to increased interest in incorporating mental health support within diabetes services.

In conclusion;

The pathway to ulceration and amputation is often complex and multifactorial

There is no single, magic bullet for long-term prevention of foot ulceration and amputation in diabetes.

Even when immediate and intensive treatment is provided, these wounds may take weeks or months to heal or may not heal at all.

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Further information;

- www.footindiabetes.org

