

Author: **Jonny Meek** (Diabetes Podiatry Link / Clinical Educator Podiatrist),
Co Author: **Michael Pierides** (Diabetes Consultant, Kettering General Hospital)

Background

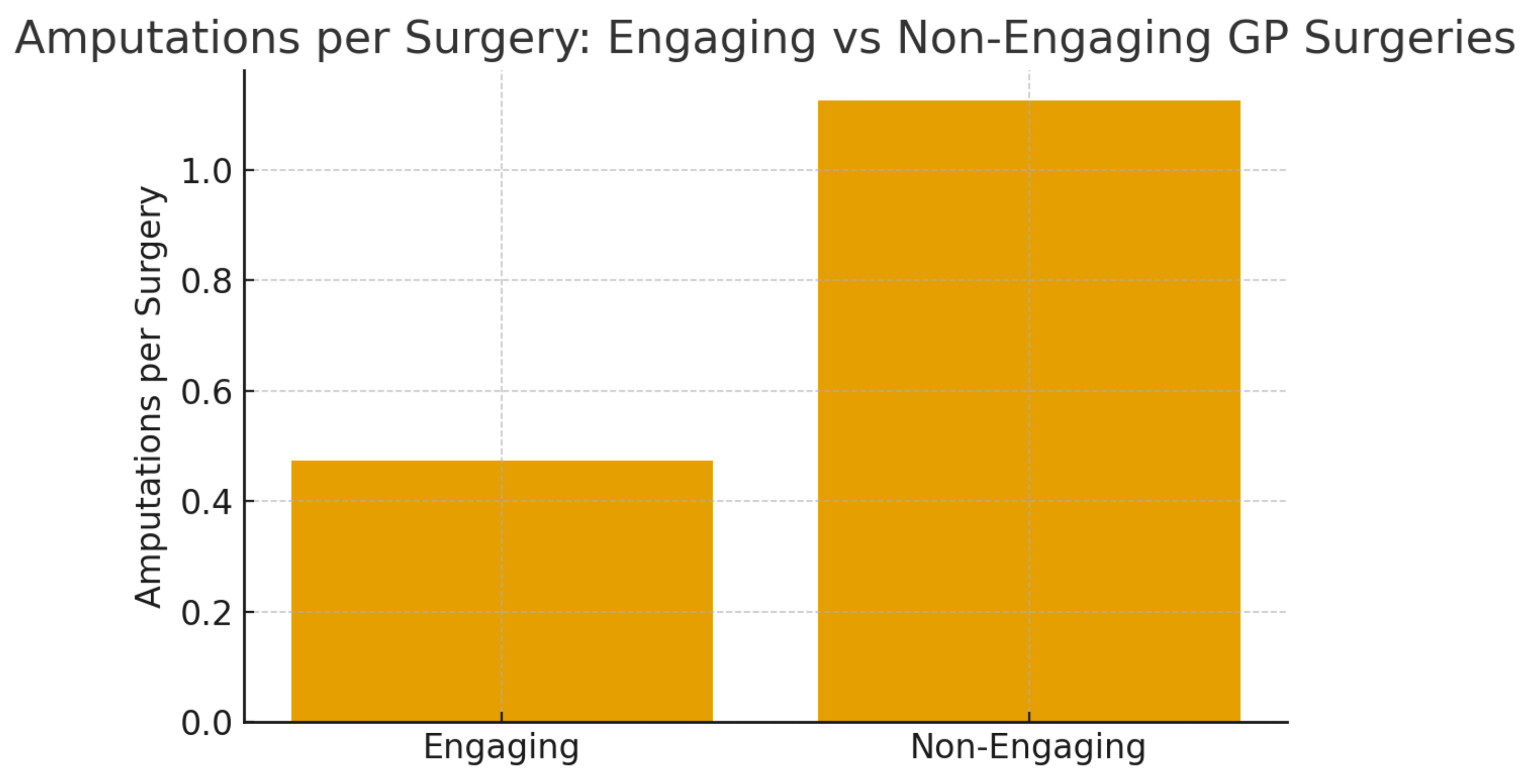
Education and early recognition of diabetic foot disease within primary care are central to preventing avoidable major lower limb amputations (below/above knee). The Diabetic & High Risk Foot Service in Northamptonshire employs a clinical educator who delivers in-practice education for GP surgeries, focusing on referral pathways, diabetic foot updates and neurovascular assessment.

Method

All 86 GP surgeries within the county were included. Engagement status was defined by attendance at an education session delivered by the specialist clinical educator during 2025. Major lower-limb amputation data for patients registered to these practices were reviewed for the combined periods 2022–2023 and 2023–2024. Amputation rates were compared between engaging and non-engaging practices using amputations per surgery.

GP Surgery Group	Number of Surgeries	Major Amputations	Amputations per Surgery
Engaging	78	37	0.474
Non-Engaging	8	9	1.125

Table 1: Numbers of major amputations at engaging and non engaging surgeries.



Graph 1: Comparison of amputation rates at engaging and non engaging surgeries

Results

Seventy-eight GP surgeries (90.7%) engaged with the education programme, while eight (9.3%) did not. Across the county, 46 major amputations occurred over the two-year period. Thirty-seven amputations were attributed to patients registered at engaging practices, equating to 0.47 major amputations per surgery. In contrast, nine amputations occurred in patients registered at non-engaging practices, equating to 1.13 major amputations per surgery. Although non-engaging practices represented fewer than one in ten GP surgeries, they accounted for 19.5% of all major amputations. Patients registered at non-engaging GP surgeries experienced more than twice the rate of major amputations per surgery compared with those registered at engaging surgeries.

Conclusion

This observational review supports the association between engagement with specialist diabetic foot education in primary care and lower major amputation rates. While a direct cause-and-effect relationship cannot be established from the observational data, the findings suggest that structured education may support earlier detection and more timely referral to specialist services. Non-engagement appears to be associated with a substantially higher burden of major amputation and may represent missed opportunities for prevention. Improving engagement with specialist foot education should be considered a patient safety priority and an important component of local strategies to reduce avoidable limb loss.