

**Response to aggregated consultation feedback on the
“Australian diabetes-related foot disease strategy 2018-2022: The
first step towards ending avoidable amputations within a
generation”**

Diabetic Foot Australia

August 2017

Introduction

Diabetic Foot Australia (DFA) has authored the “Australian diabetes-related foot disease strategy 2018-2022: The first step towards ending avoidable amputations within a generation.” The consultation draft version of this strategy was sent to DFA partners for direct feedback and published online to facilitate open public feedback from May to July 2017.

Following the consultation draft feedback round the DFA Steering Committee and DFA Scientific Director (from now on referred to as “we”) have discussed and processed the feedback, resulting in the final version of the National Strategy. The National Strategy will be presented on September 4, 2017 at the DFA Conference.

In this document, we describe the results from the consultation feedback, our responses, and the resulting changes to the National Strategy. We would like to thank all respondents for their valuable time, effort and commitment to this National Strategy.

General changes

The strategy has had a name change, added an additional goal and moved original goals around since the consultation draft, i.e.:

- Title: *Australian diabetes-related foot disease strategy 2018-2022: The first step towards ending avoidable amputations within a generation*
- Additional goal: *Goal 1: All people with diabetes should have access to foot screening each year and understand their risk of developing diabetes-related foot disease*
- Apart from all original goals moving back a goal number, original goal 3 is now goal 6 and goal 4 is still goal 4.

In our response to the feedback in the remainder of this document, we have tried to mention this change in goal numbers to either align with the draft version (e.g. “draft Goal 1”) or with the correct final version goal number (e.g. “Goal 1”), but please be aware.

Respondents

Feedback was provided by 52 individuals and 7 organisations (including 3 national peak bodies, 2 state peak bodies and 2 tertiary multi-disciplinary diabetic foot clinics). We thank all respondents for their valuable input and time spent reviewing the National Strategy.

Please note that in this document feedback is collated. Only similar feedback provided by 2+ individual respondents or 1+ organisation respondents is included in this document.

Aggregated Respondent Ratings

Table 1: Aggregated respondent ratings for each individual survey item

Rating	Numbers	%
Strongly Agree	498	60.7%
Agree	269	32.8%
Neutral	46	5.6%
Disagree	7	0.9%
Strongly Disagree	0	0
Total Responses	820	100%

Feedback on draft Goal 1

Draft Goal 1: All people with, or at risk of, diabetic foot disease should have access to all recommended evidence-based treatments via reimbursement in the Medical Benefit Schedule (MBS) or Pharmaceutical Benefit Scheme (PBS)

This is now Goal 2: All people at risk of diabetes-related foot disease should have access to preventative evidence-based healthcare from appropriately trained health professionals

Aggregated feedback on “Potential areas for action” related to draft Goal 1

Table 2: Respondent ratings for “potential areas for action” related to draft Goal 1

Rating	Numbers	%
Strongly Agree	42	75.0%
Agree	9	16.1%
Neutral	3	5.4%
Disagree	2	3.6%
Strongly Disagree	0	0
Total Responses	56	100

1. General agreement with areas for action (n=10)
Response: We appreciate the feedback.
2. Consider tying additional MBS items to training and evidence-based pathways of care (assessment, management and referral) (n=5)
Response: We have now specifically added recommendations to tie additional MBS items to training, credentialing and accreditation in the rationale and areas for action in Goals 2-4.
3. Consider including footwear under any additional MBS item(s) for Offloading (n=2)
Response: We have now specifically added recommendations for insoles and footwear MBS item(s) in the rationale and areas for action in Goal 2.
4. Consider a patient financial co-contribution to any additional MBS item care (n=2)
Response: We have not specifically addressed this recommendation as we believe patients are typically required to pay a co-contribution for MBS and PBS items which satisfies this recommendation.

5. Consider an increase in funding to the public sector as well (n=2)
Response: We have now specifically added recommendations to increase funding in the public sector for interdisciplinary foot disease services in the rationale and areas for action in Goals 3-4.
6. Consider need to recognise and highlight other barriers to accessing evidence-based care apart from funding, such as availability of skilled health professionals, culturally appropriate care and public awareness of diabetic foot burden and risks (n=2)
Response: We have added detail to address these and other barriers throughout the rationale and areas for action in Goals 1-4.
7. Consider need to include basic foot screen training for all health professionals (or volunteers) & and an additional MBS items for foot screening (n=1)
Response: We have now specifically added this recommendation for basic foot screening as an entire new goal as Goal 1.
8. Consider need to further highlight the significant potential savings to the health system from implementing additional MBS & PBS items (n=1)
Response: We have now specifically added more detail on the significant potential savings to the introduction and the rationale and areas for action in Goals 2-3.
9. Consider collaborating with our organisation on any lobby for additional evidence-based MBS items (n=1)
Response: We have not specifically addressed this recommendation but we welcome collaboration on lobbying efforts for the additional evidence-based MBS items.

Aggregated feedback on “Potential measures of progress” related to draft Goal 1

Table 3: Respondent ratings for “potential measures of progress” related to draft Goal 1

Rating	Numbers	%
Strongly Agree	31	55.3%
Agree	21	37.5%
Neutral	2	3.6%
Disagree	2	3.6%
Strongly Disagree	0	0
Total Responses	56	100%

1. General agreement with measures of progress (n=4)
Response: We appreciate the feedback.
2. Consider specifying exact additional MBS items that need to be increased in measures of progress (n=3)
Response: We have now specifically added recommendations specifying which additional MBS items are needed in potential areas for action and measures of progress in Goals 1-3.

Feedback on draft Goal 2

Draft Goal 2: All people with diabetic foot disease should have access to specialised interdisciplinary foot clinics, either face-to-face or via telemedicine

This is now Goal 3: All people with diabetes-related foot disease should have access to evidence-based healthcare from specialised Interdisciplinary Foot Disease Services

Aggregated feedback on “Potential areas for action” related to draft Goal 2

Table 4: Respondent ratings for “Potential areas for action” related to draft Goal 2

Rating	Numbers	%
Strongly Agree	41	75.9%
Agree	13	24.1%
Neutral	0	0
Disagree	0	0
Strongly Disagree	0	0
Total Responses	54	100

1. Consider linking any training of health professionals to credentialing or endorsement (n=4)
Response: We have now specifically added recommendations to link training of health professionals to credentialing to the rationale and areas for action in Goals 2-4.
2. General agreement with areas for action (n=4)
Response: We appreciate the feedback.
3. Consider being flexible in allowing credentialed health professionals rather than specific disciplines being included in the make-up of inter-disciplinary diabetic foot teams, especially for rural and remote areas (n=3)
Response: We have now specifically added recommendations for general credentialing standards for health professionals and added words on flexibility for interdisciplinary foot disease services for rural and remote clinicians in the rationale and areas for action in Goal 4.
4. Consider linking credentialed health professionals or interdisciplinary diabetic foot teams to incentive funding of evidence-based MBS funding and improved outcomes funding (n=2)

Response: We have now specifically added recommendations to link credentialed health professionals and accredited interdisciplinary foot disease services to reimbursement for MBS and other funding arrangements in the rationale and areas for action Goal 4.

5. Consider linking interdisciplinary diabetic foot team information on healthdirect.gov.au (n=2)

Response: We have now specifically added this recommendation of posting a public register of interdisciplinary foot disease services on www.healthdirect.gov.au and other relevant publicly available sites in Goals 1 and 4.

6. Consider linking any interdisciplinary diabetic foot team accreditation process with the one being developed by NADC (n=2)

Response: We have now specifically added this recommendation to support the NADC development of accreditation standards for interdisciplinary foot disease services the rationale in Goals 4.

7. Consider adding additional information about inpatient diabetic foot teams linked to ambulatory diabetic foot teams (n=1)

Response: We have now specifically added recommendations on inpatient interdisciplinary foot disease teams to the rationale of Goals 3,4&6.

8. Consider need to be flexible with physical locations for specialised interdisciplinary diabetic foot clinics, i.e. they should not only be limited to being located in hospitals, but align with needs of the community (n=1)

Response: We have now specifically added recommendations on flexibility of the physical locations for an interdisciplinary foot disease service in the rationale of Goal 3.

9. Consider need to further highlight the existing challenges of the financial viability of private practice managing diabetic foot disease (n=1)

Response: We have now specifically added comments highlighting the challenges of the financial viability of private practice without new MBS, PBS or similar arrangements in the rationale and areas for action in Goals 2-3.

Aggregated feedback on “Potential measures of progress” related to draft Goal 2

Table 5: Respondent ratings for “Potential measures of progress” related to draft Goal 2

Rating	Numbers	%
Strongly Agree	30	55.5%
Agree	21	38.9%
Neutral	3	5.6%
Disagree	0	0
Strongly Disagree	0	0
Total Responses	54	100%

1. General agreement with measures of progress (n=4)

Response: We appreciate the feedback .

Feedback on draft Goal 3

Goal 3: The National Health and Medical Research Council (NHMRC) guideline on diabetic foot disease needs to reflect up-to-date scientific evidence regarding management and prevention of diabetic foot disease

This is now Goal 6: Australian national diabetes-related foot disease guidelines should continually reflect the most up-to-date robust evidence to guide standards for healthcare provision and outcome reporting

Aggregated feedback on “Potential areas for action” related to draft Goal 3

Table 6: Respondent ratings for “Potential areas for action” related to draft Goal 3

Rating	Numbers	%
Strongly Agree	43	81.1%
Agree	9	17.0%
Neutral	1	1.9%
Disagree	0	0
Strongly Disagree	0	0
Total Responses	53	100%

1. General agreement with areas for action (n=10)
Response: We appreciate the feedback.
2. Consider perhaps adopting other nation’s diabetic foot guidelines instead (n=2)
Response: We have suggested that other nation’s diabetic foot guidelines developed with robust guideline procedures be used as part of the future NHMRC Australian diabetic foot guidelines, but we believe that Australian-specific diabetic foot guidelines are required due Australia’s unique settings and demographics.
3. Consider clarifying that remote consultation includes services provided by telehealth (n=1)
Response: We have clarified that telehealth services should be included in any future remote consultation chapters of the new NHMRC diabetic foot guideline in the rationale and potential areas for action in Goal 6.

Aggregated feedback on “Potential measures of progress” related to draft Goal 3

Table 7: Respondent ratings for “Potential measures of progress” related to draft Goal 3

Rating	Numbers	%
Strongly Agree	37	69.8%
Agree	14	26.4%
Neutral	2	3.8%
Disagree	0	0
Strongly Disagree	0	0
Total Responses	53	100%

1. No additional feedback

Response: No response required

Feedback on draft Goal 4

Goal 4: All specialised interdisciplinary foot clinics should meet criteria for evidence-based treatment

This is still Goal 4: All health professionals and specialised Interdisciplinary Foot Disease Services caring for people with, or at risk of, diabetes-related foot disease should demonstrate they meet minimum Australian evidence-based standards

Aggregated feedback on “Potential areas for action” related to draft Goal 4

Table 8: Respondent ratings for “Potential areas for action” related to draft Goal 4

Rating	Numbers	%
Strongly Agree	34	66.7%
Agree	12	23.5%
Neutral	5	9.8%
Disagree	0	0
Strongly Disagree	0	0
Total Responses	51	100%

1. General agreement with areas for action (n=4)
Response: We appreciate the feedback.
2. Consider being flexible in allowing credentialed health professionals rather than specific disciplines being included in the make-up of interdisciplinary diabetic foot teams, especially for rural and remote areas (n=4)
Response: We have now specifically added recommendations for general credentialing standards for health professionals and flexibility for interdisciplinary foot disease services for rural and remote clinicians in the rationale and areas for action in Goal 4.
3. Consider using the Australasian Podiatry Council’s High Risk Foot Competencies to help credential other health professionals as well (n=3)
Response: We have further highlighted that the Australian Podiatry Council’s Competencies could be used as a general competency framework in in the rationale in Goal 4. We do like to note that we do not advocate the term “High Risk Foot”, as that is not an accurate reflection of Diabetes-Related Foot Disease, nor of non-diabetes-related foot disease.

4. Good idea, however, this will be practically challenging to implement as any diabetic foot disease competencies/credentialing will have to receive support from all disciplines professional bodies involved (n=3)
Response: We appreciate the challenge and have highlighted that these competencies will need support from a broad range of disciplines professional bodies and board in the rationale in Goal 4.

5. Consider need to include culturally-appropriate training or standards in health professional credentialing or interdisciplinary diabetic foot team accreditation processes (n=2)
Response: Any training needs to be culturally-appropriate at all times, we have not further stressed this as we think this should be standard practice; however, we have highlighted existing culturally-appropriated diabetes-related foot disease tools that are available and could be used to satisfy aspects of certain goals.

6. Consider need to further highlight evidence supporting the suggestion that training and accreditation of health professionals and teams will results in increased services for people with diabetic foot disease (n=1)
Response: We have now specifically added more detail on where training and accreditation have improved outcomes in other nations in Goal 4.

Aggregated feedback on “Potential measures of progress” related to draft Goal 4

Table 9: Respondent ratings for “Potential measures of progress” related to draft Goal 4

Rating	Numbers	%
Strongly Agree	28	54.9%
Agree	19	37.2%
Neutral	4	7.8%
Disagree	0	0
Strongly Disagree	0	0
Total Responses	51	100%

1. General agreement with measures of progress (n=2)
Response: We appreciate the feedback.

Feedback on draft Goal 5

Draft Goal 5: National and regional outcomes of diabetic foot disease should be published annually.

This is now Goal 5: All health service regions should report their diabetes-related foot disease outcomes annually to monitor progress towards ending avoidable amputations

Aggregated feedback on “Potential areas for action” related to draft Goal 5

Table 10: Respondent ratings for “Potential areas for action” related to draft Goal 5

Rating	Numbers	%
Strongly Agree	28	56.0%
Agree	21	42.0%
Neutral	2	4.0%
Disagree	0	0
Strongly Disagree	0	0
Total Responses	50	100%

1. General agreement with areas for action (n=5)
Response: We appreciate the feedback.
2. Consider linking with similar existing national data collection processes (e.g. ANDA or ACSQHC) (n=2)
Response: We have specifically added recommendations to develop nationally-agreed standards for the definitions of diabetes-related foot disease outcomes and considerations of incorporating diabetes-related foot disease outcomes in existing national data collection processes such as Australian National Diabetes Audit (ANDA) or Australian Commission on Safety and Quality in Health care (ACSQHC) in the rationale and potential areas of action in Goal 5.
3. Consider to highlight the need for caution when interpreting nationally published data as can have unintentional outcomes & thus consider a culture of “no blame” is implemented with such published data (n=1)
Response: We have specifically added recommendations that data be adjusted for socio-demographic factors and results interpreted and reported by experts in this area to minimise unintentional blame games and league tables in the rationale and areas for action in Goal 5.

4. Consider developing a clinician friendly platform to collect any additional data necessary for outcomes rather than another separate data collection process (n=1)
Response: We have specifically added recommendations to establish clinician-friendly platforms be created or incorporate diabetes-related foot disease data collection into existing similar relevant data collection processes so as to minimise additional work for busy clinicians in the rationale of Goal 5.

Aggregated feedback on “Potential measures of progress” related to draft Goal 5

Table 11: Respondent ratings for “Potential measures of progress” related to draft Goal 5

Rating	Numbers	%
Strongly Agree	23	46.0%
Agree	25	50.0%
Neutral	2	4.0%
Disagree	0	0
Strongly Disagree	0	0
Total Responses	50	100%

1. General agreement with measures of progress (n=3)
Response: We appreciate the feedback.
2. Consider specifically including Patient-Reported Outcomes Measures (PROMS) in measures of progress (n=2)
Response: We have specifically added recommendations to include PROMS in both the rationale and measure of progress in Goal 5.
3. Consider specifically including Time-to-revascularisation in measures of progress (n=2)
Response: We have specifically added recommendations to include time-to-revascularisation in both the rationale and measure of progress in Goal 5.
4. Consider using people rather than procedures as denominators for any measures of progress (n=2)
Response: We have specifically added recommendations to include using general or diabetes populations of people as the denominator for rates in the rationale in Goal 5.
5. Good idea, however, this will be practically challenging to implement (n=2)
Response: We appreciate the feedback and along with the Australian diabetic foot community look forward to the challenge.

Feedback on draft Goal 6

Goal 6: An endorsed “National Research Agenda for Diabetic Foot Disease” needs to be developed

This is now Goal 7: An “Australian Research Agenda for Diabetes-Related Foot Disease” should be developed and endorsed to guide national research priorities

Aggregated feedback on “Potential areas for action” related to draft Goal 6

Table 12: Respondent ratings for “Potential areas for action” related to draft Goal 6

Rating	Numbers	%
Strongly Agree	28	57.1%
Agree	17	34.7%
Neutral	3	6.1%
Disagree	1	2.0%
Strongly Disagree	0	0
Total Responses	49	100%

1. General agreement with areas for action (n=4)
Response: We appreciate the feedback.
2. Consider linking with other relevant similar existing research agendas such as “National Diabetes Strategy” (n=1)
Response: We have clarified that the proposed “Australian diabetes-related foot disease research agenda” should align with the proposed “national diabetes research agenda” from the Australian National Diabetes Strategy in the rationale for goal 7.
3. Consider linking such a research agenda to PhD programs (n=1)
Response: We have specifically added aligning interested PhD students with topics from the national research agenda and clinical trials network activities and added the numbers of PhD students undertaking diabetic foot disease research with affiliations to the CTN in the rationale and measure of progress for Goal 8.

Aggregated feedback on “Potential measures of progress” related to draft Goal 6

Table 13: Respondent ratings for “Potential measures of progress” related to draft Goal 6

Rating	Numbers	%
Strongly Agree	22	44.9%
Agree	22	44.9%
Neutral	5	10.2%
Disagree	0	0
Strongly Disagree	0	0
Total Responses	49	100%

1. No additional feedback

Response: No response required

Feedback on draft Goal 7

Draft Goal 7: An “Australian Diabetic Foot Disease Clinical Trials Network” should be formalised and stimulated

This is now Goal 8: An “Australian Diabetes-Related Foot Disease Clinical Trials Network” should be established to provide national research support and leadership

Aggregated feedback on “Potential areas for action” related to draft Goal 7

Table 14: Respondent ratings for “Potential areas for action” related to draft Goal 7

Rating	Numbers	%
Strongly Agree	27	55.1%
Agree	18	36.7%
Neutral	3	6.1%
Disagree	1	2.0%
Strongly Disagree	0	0
Total Responses	49	100%

1. General agreement with areas for action (n=5)
Response: We appreciate the feedback.
2. Consider need to include clinicians in the Clinical Trials Network (CTN) (n=2)
Response: We have now specifically added that the proposed CTN should encourage active involvement from clinicians in the rationale and measure of progression in Goal 8.
3. Consider the need for the CTN to be inclusive rather than exclusive (n=2)
Response: We have now specifically added that the proposed CTN should encourage inclusivity not exclusivity in the rationale in Goal 8.
4. Consider not-for-profit organisation(s) as a funding model for a CTN (n=1)
Response: We have not made a specific recommendations as to the funding model. It is too early to decide on the specific funding model of the CTN; however we agree that such a not-for-profit organisation should be taken thoroughly into consideration when models are proposed.

Aggregated feedback on “Potential measures of progress” related to draft Goal 7

Table 15: Respondent ratings for “Potential measures of progress” related to draft Goal 7

Rating	Numbers	%
Strongly Agree	27	55.1%
Agree	16	23.6%
Neutral	6	12.2%
Disagree	0	0
Strongly Disagree	0	0
Total Responses	49	100%

1. No additional feedback

Response: No response required

Feedback on draft Goal 8

Draft Goal 8: Investments in funding for diabetic foot disease research and development should be proportionate to the burden of the disease

This is now Goal 9: Investments in research and development for diabetes-related foot disease should be proportionate to the national health burden caused by the disease

Aggregated feedback on “Potential areas for action” related to draft Goal 8

Table 16: Respondent ratings for “Potential areas for action” related to draft Goal 8

Rating	Numbers	%
Strongly Agree	30	62.5%
Agree	15	31.2%
Neutral	3	6.2%
Disagree	0	0
Strongly Disagree	0	0
Total Responses	48	100%

1. Good idea, however, this will be practically challenging to implement (n=3)
Response: We appreciate the feedback and along with the Australian diabetic foot community look forward to the challenge
2. General agreement with areas for action (n=2)
Response: We appreciate the feedback.
3. Consider linking with other relevant similar existing research organisations to lobby such as Diabetes Australia (n=1)
Response: We have now specifically added exploring additional funding opportunities to increase diabetes-related foot disease research funding with relevant national diabetes bodies such as Diabetes Australia in the rationale and areas for action in Goal 9.

Aggregated feedback on “Potential measures of progress” related to draft Goal 8

Table 17: Respondent ratings for “Potential measures of progress” related to draft Goal 8

Rating	Numbers	%
Strongly Agree	27	56.2%
Agree	17	35.4%
Neutral	3	6.2%
Disagree	1	2.1%
Strongly Disagree	0	0
Total Responses	48	100%

1. General agreement with measures of progress (n=1)

Response: We appreciate the feedback .

Further feedback

Aggregated further feedback

1. General agreement that the draft was easy to read (n=11)
Response: We appreciate the feedback.
2. General agreement with goals and content in the draft (n=10)
Response: We appreciate the feedback.
3. Consider being flexible in allowing credentialed health professionals rather than specific disciplines being included in the make-up of inter-disciplinary diabetic foot teams, especially for rural and remote areas (n=3)
Response: We have now specifically added recommendations for credentialing of health professionals and flexibility for interdisciplinary foot disease services for rural and remote clinicians in the rationale and areas for action in Goal 4.
4. Consider changing some terms to be more person-centred and align with Diabetes Australia and others language guide, such as “diabetic foot”, “suffering”, “burden” and “preventable” to “avoidable” (n=3)
Response: We have changed the “diabetic foot disease” terms to “diabetes-related foot disease” and “suffering with” to “living with”. Added the word “national” to “burden” to ensure the burden referred to is clarified as being a collective national burden on the community and not an individual being a burden. The term “preventable” was not mentioned in the consultation draft, thus, no need to change. General edit of document was made.
5. Consider adding additional information about inpatient diabetic foot teams linked to ambulatory diabetic foot teams (n=1)
Response: We have now specifically added recommendations on inpatient interdisciplinary foot disease teams to the rationale of Goals 3,4&6.