

# Integrated Diabetes Foot Pathway Suffolk

## Executive Summary

Our aim is to ensure people with diabetes within Suffolk and North East Essex have rapid access to an efficient, effective integrated foot service delivering care when needed to prevent diabetes related foot complications and reduce their severity.

This integrated pathway has been developed to incorporate nationally recognised guidance (Putting feet first <sup>[1]</sup> and The National Diabetes Foot Audit <sup>[2]</sup>) and NICE recommendations <sup>[3]</sup>.

## Aims of the Integrated Diabetes Pathway

1. **All** patients over 12 years old with diabetes in Suffolk will receive a foot examination at diagnosis and annually thereafter by an appropriately trained healthcare professional\*
2. **All** patients will be informed of their foot risk at their annual review.
3. **All** patients who are at increased (high or moderate) risk of active foot disease should be referred to the Foot Protection Service (provided by community podiatry) for initial assessment, education and care planning to help to prevent foot problems.
4. **Any** foot wound or suspected Charcot will be **referred within 24 hours** to a multidisciplinary diabetic foot clinic.
5. **All** new foot wounds will be triaged by the multidisciplinary service within 1 working day.
6. **All** adults with diabetes admitted to hospital will have their feet inspected within 24 hours of admission.

By achieving these six basic aims we can provide a well-informed, streamlined journey for patients ensuring rapid access to specialist care when needed. This pathway covers community services, primary care services and secondary care.

\*An appropriately trained healthcare professional is someone who has completed approved training on diabetic foot screening. Details of training are available by contacting Suffolk Podiatry on 01473 921828 and NEEDS for North East Essex on 0345 2413313 option 2.

## **Foot Protection Service**

Community podiatry provide specialist clinics for those patients with diabetes who are at moderate or high foot risk with the aim to minimise the impact of diabetic foot disease.

The Foot Protection Service (provided by community podiatry) aims to:-

- Prevent active diabetic foot disease.
- Provide access to those patients with diabetes identified as Moderate or High Risk according to NICE.
- Provide a step up/step down service between Community Podiatry and the Multidisciplinary Diabetes Foot Services.
- Enhance communication and good links between all staff groups involved in diabetic foot care.
- Promote appropriate patient self-care, including nail and skin care.

## **Multidisciplinary Diabetes Foot Service**

Multidisciplinary Diabetes Foot Services are based at hospital settings providing rapid access to specialist clinics for patients with active diabetes foot complications for inpatients and outpatients. All referrals are triaged within 24 hours of receipt (Monday-Friday) with the aim being to offer an appointment or ward review with a member of the Multidisciplinary Diabetes Foot Service within 24 hours.

The Multidisciplinary Diabetes Foot Services aims to:-

- Rapid review of new referrals within 24 hours.
- Refer to other specialist services if required.
- Provide and organise advanced vascular assessments.
- Provide optimal offloading including total contact casting for those suitable.
- Control foot infection.
- Provide wound debridement and dressings.
- Provide appropriate contact information, including how to access emergency care.

Create a care plan to be followed by the health care professionals who are managing the patient

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Record the risk status and inform the patients of their risk status and what it means

**Ipswich Multidisciplinary Diabetic Foot Clinic**  
 Telephone: 01473 704912  
 Email: [ihn-tr.DiabeticFootClinic@nhs.net](mailto:ihn-tr.DiabeticFootClinic@nhs.net)  
 SystemOne eReferral: IDS Referral Module

**West Suffolk Multidisciplinary Diabetic Foot Clinic**  
 Telephone: 01284 713048  
 Referral via email: [DiabetesFootClinic@wsh.nhs.uk](mailto:DiabetesFootClinic@wsh.nhs.uk)

Provide Written Foot Risk Information Leaflet

**Active**

**Any of the following:**  
 Foot Ulceration / Gangrene  
 Infection  
 Unexplained red, hot, swollen foot  
 Suspected Charcot  
**Rapid Referral within 24 hours**

Systemically unwell or suspected deep seated infection  
**ADMIT AS EMERGENCY**

Must be referred to Foot Protection Service (provided by community podiatry)  
 Self-referral: <https://podiatryreferrals.co.uk/>  
 GP practices: SystemOne eReferral via the Suffolk Podiatry Electronic Referral.  
 Community staff & GP practices not on SystemOne: via email using [sqpfed.suffolk-podiatry@nhs.net](mailto:sqpfed.suffolk-podiatry@nhs.net) application form off CCG website  
 Inform patient of risk category and provide education

**High**

**Any of the following:**  
 Previous ulceration or amputation  
 Renal replacement therapy  
 Loss of sensation & peripheral arterial disease  
 Loss of sensation & callus or foot deformity  
 Peripheral arterial disease & callus or foot deformity

**Moderate**

**One risk factor present, e.g.**  
 Loss of sensation **OR**  
 Signs of peripheral arterial disease **OR**  
 Foot Deformity

Continue primary care annual review  
 Inform patient of risk category  
 Provide education about foot protection  
 Offer referral to the Foot Protection Service (provided by Community Podiatry). Referral details as per high risk

**Low**

**No risk factors present:**  
 Normal sensation  
 No sign of peripheral arterial disease  
 No foot deformity

Continue primary care annual review  
 Inform patient of risk category  
 Provide education about foot protection

Note: Any patient with diabetes in the low or moderate risk categories that develops a graze, crack, blister or infection must be regarded as high risk for the duration of the pathology with intensive treatment

## Risk stratification information

### Low

#### *People assessed as Low Risk:*

- All people with diabetes at low risk will receive annual foot screening from an appropriately trained non-podiatry health care professional at their GP practice.
- They should be educated on the importance of foot care, footwear and advised that they could progress to moderate or high risk.
- Low risk people will be advised to seek immediate review should they develop any significant problems with their feet and also provided with appropriate contact information, including how to self-refer to podiatry.
- Minor foot conditions such as thickened nails and minor callus can be present in this risk category. Routine nail care is not provided by podiatry.
- Podiatry will accept referrals for low risk patients if they have a musculo-skeletal foot problem or ingrowing toe nail requiring surgery for a short package of care.

### Moderate

#### *People assessed as Moderate Risk:*

- All people with diabetes at moderate risk will offered annual foot screening from an appropriately trained non-podiatry health care professional at their GP practice.
- Those who are at moderate risk should be offered referral to the Foot Protection Service (provided by community podiatry) for initial assessment, this should not replace their annual foot screening at their GP practice.
- Individualised care plans will then be developed based on clinical need and the patient should be educated on the importance of foot care and footwear. Ongoing care will not be provided as standard. If there is any change to their risk stratification the care plan will be amended accordingly. Routine nail care is not provided by community podiatry.
- All people with diabetes at moderate risk will be advised to seek immediate review should they develop any significant problems with their feet and also provided with appropriate contact information, including how to self-refer to podiatry.

## High

### *People assessed as High Risk:*

- All people with diabetes at high risk must be referred to the Foot Protection Service (provided by community podiatry) in addition to their annual foot screening at GP practice.
- Individualised care plans and frequency of visits will be based on clinical necessity and risk of ulceration.
- All people at high risk should be educated on the importance of foot care and footwear. They should be advised to seek immediate review if they develop any significant problems with their feet and also provided with appropriate contact information, including how to self-refer to podiatry.

## Active Foot Disease

### *People with Active Foot Disease*

- All people with diabetes presenting with active foot problems e.g. ulceration, spreading infection, critical limb ischemia, gangrene or potential Charcot arthropathy should have a rapid referral to a Multidisciplinary Diabetes Foot Service within 24 hours of presentation and will be offered an appointment where possible within one working day.
- All people with diabetes presenting with a life or limb threatening presentation such as ulceration with fever or signs of sepsis and gangrene should have a rapid referral to hospital without delay. Such cases are deemed an emergency requiring admission unless they can be seen the same day in the MDFS.
- The management of active foot disease may involve shared care between the Foot Protection Service (provided by community podiatry), community nursing and the Multi-disciplinary Diabetic Foot Service. The first contact may be with a diabetes specialist podiatrist within the community setting before being followed up within the Multi-disciplinary Diabetic Foot Service.
- All people with diabetes discharged from the Multi-disciplinary Diabetic Foot Service will have a pre-planned follow up with the Foot Protection Service (provided by community podiatry) within a community setting.
- All people with active foot disease will be advised to seek immediate review should they have concerns of deterioration or development of any new problems with their feet. They will be provided with appropriate contact information, including how to access emergency care.

**Further Information on diabetes care:**

<https://suffolkfed.org.uk/healthcare-services/podiatry/>

<https://www.nice.org.uk/guidance/ng19>

<https://www.diabetes.org.uk/>

<https://cop.org.uk/patient-information/diabetes/diabetes-leaflets>

References

[1] Diabetes UK (2015) Putting Feet First: Diabetes UK position on preventing amputations and improving foot care for people with diabetes.

[2] National Diabetes Foot Care Audit Fourth Annual Report (2019) NHS Digital <https://files.digital.nhs.uk/50/8E75BA/NDFA%204AR%20-%20Main%20Report%20v1.0.pdf>

[3] NICE, 2015, *Diabetic foot problems: prevention and management* NG19 <https://www.nice.org.uk/guidance/ng19>