Suffolk GP FEDERATION

NHS East Suffolk and North Essex NHS Foundation Trust

NHS West Suffolk NHS Foundation Trust

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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 [1] and The National Diabetes Foot Audit [2]) and NICE recommendations [3].

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. Those who are at moderate risk can be offered referral to the Foot Protection Service for initial assessment, bearing in mind podiatry has minimal impact on certain foot pathologies (e.g. peripheral neuropathy alone). This referral should not replace their annual foot screening at their GP practice.
4. All patients who are at high 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.
5. Any foot ulcer or suspected Charcot will be **referred within 24 hours** to a multidisciplinary diabetic foot clinic.
6. All new foot wounds will be triaged by the multidisciplinary service within 1 working day.
7. All adults with diabetes admitted to hospital will have their feet inspected within 24 hours of admission.

By achieving these seven 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 921810 or email sgpfed.suffolk-podiatry@nhs.net and NEEDS for North East Essex on 0345 2413313 option 2 or email Info@diabetesneeds.org.uk

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 having a foot need and are 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 a specialist service 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 triage 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.
- Treat 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

Integrated Diabetes Foot Pathway Suffolk

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

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

Ipswich Multidisciplinary Diabetic Foot Clinic
Telephone: 01473 704912
Email:DiabetesFootClinic@esneft.nhs.uk
SystmOne eReferral: IDS Referral Module

West Suffolk Multidisciplinary Diabetic Foot Clinic
Telephone: 01284 713048
Referral via email:
DiabetesFootClinic@wsh.nhs.uk

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

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

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
Consider referral to the Foot Protection Service if arterial disease or foot deformity present, sensory loss alone in otherwise healthy foot does not need referral *(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

Provide Written Foot Risk Information Leaflet

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 and skin care is not provided by podiatry.
- Podiatry will accept referrals for low risk patients if they have a significant 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 be offered annual foot screening from an appropriately trained non-podiatry health care professional at their GP practice.
- Those who are at moderate risk can be offered referral to the Foot Protection Service for initial assessment (provided by community podiatry), bearing in mind podiatry has minimal impact on certain foot pathologies (e.g. peripheral neuropathy alone). This referral 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 and skin 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. Routine nail and skin care is not provided by community podiatry.
- 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 Multidisciplinary Foot Service.
- The management of active foot disease may involve shared care between the Foot Protection Service (provided by community podiatry), community nursing, GP practice, specialist podiatry clinics and the Multi-disciplinary Diabetic Foot Service. The first contact may be with a diabetes specialist podiatrist within a community setting before potential being followed up within the Multi-disciplinary Diabetic Foot Service.
- People with diabetes discharged from the Multi-disciplinary Diabetic Foot Service will be offered 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.

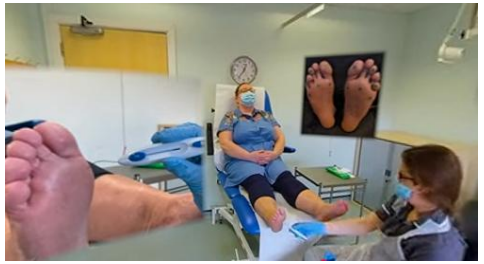
Further Information on diabetes care:

It is recommended that all patients with diabetes watch the below award winning video. Posters with QR code to display are available from the Podiatry service.

Diabetes footcare advice

All health care professionals undertaking diabetic foot screening should have an update every 2 years to ensure competency is maintained. The below tutorial video is recommended to all health care professionals involved in foot screening process.

The Diabetic Foot Check



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 (2025) NHS Digital https://digital.nhs.uk/data-and-information/publications/statistical/national-diabetes-footcare-audit

[3] NICE, (2019), *Diabetic foot problems: prevention and management* NG19 https://www.nice.org.uk/guidance/ng19