

EDFN.ORG

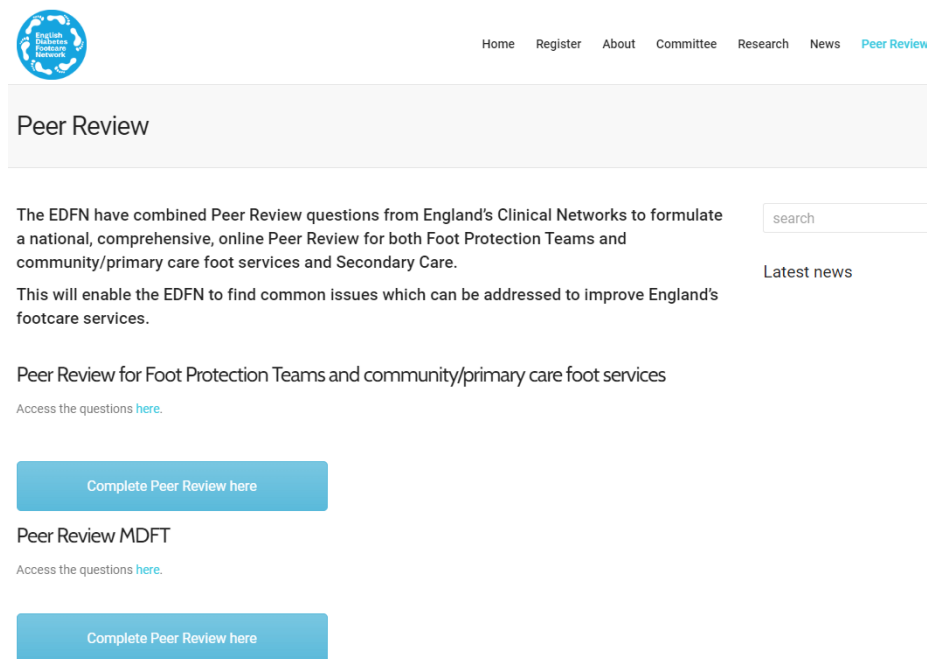


EDFN Peer Reviews



EDFN Peer Reviews Online

- There have been too few responses from multidisciplinary foot teams to understand trends in service provision.
- There has been a larger response from Community/Foot Protection Teams and some trends are emerging.



The screenshot shows the EDFN Peer Review website. At the top left is the EDFN logo. To the right is a navigation menu with links for Home, Register, About, Committee, Research, News, and Peer Review. Below the navigation is a header section titled "Peer Review". The main content area contains a search bar, a paragraph of text, and two sections for "Peer Review for Foot Protection Teams and community/primary care foot services" and "Peer Review MDFT". Each section has a "Complete Peer Review here" button and a link to "Access the questions here".

English Diabetes Footcare Network

Home Register About Committee Research News [Peer Review](#)

Peer Review

The EDFN have combined Peer Review questions from England's Clinical Networks to formulate a national, comprehensive, online Peer Review for both Foot Protection Teams and community/primary care foot services and Secondary Care.

This will enable the EDFN to find common issues which can be addressed to improve England's footcare services.

Peer Review for Foot Protection Teams and community/primary care foot services

Access the questions [here](#).

[Complete Peer Review here](#)

Peer Review MDFT

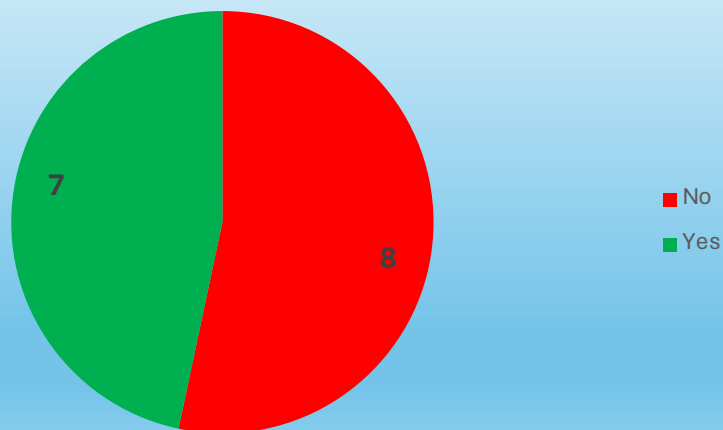
Access the questions [here](#).

[Complete Peer Review here](#)



Foot Protection Teams

Is there a defined FPT ie dedicated clinic and workforce?



- Specialist podiatrists
- Community Podiatry liaise with other members of the FPT via email/telephone
- Community Foot Health Team
- Recently commissioned currently being mobilised
- Tier 3 Clinic at various sites across [the borough]
- Workforce not as integrated since COVID -staff turnover previous relationships not yet built
- no diabetologist
- We are all part of a team that treats high risk patients including diabetes
- Community fpt. All see mixed HR patients.
- Every patient is constantly assessed often by one practitioner monitoring
- We have 6 clinic sites and a home visiting team as part of the [borough] FPT
- Combined into community podiatry services



Foot Protection Teams

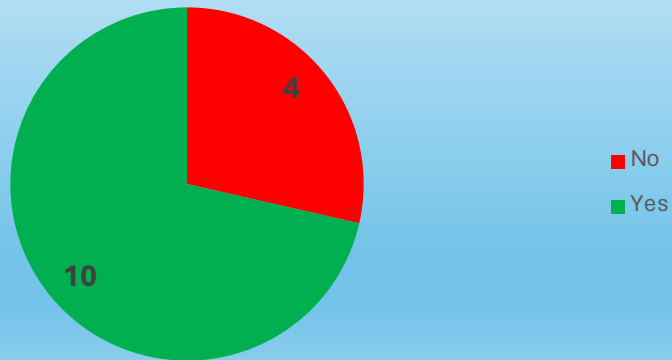
How many sessions of dedicated FPT time are there weekly? One session per podiatrist = 3.75 hours
0
18 x 3.75
80 hours
58
0
On an average there are 18 sessions a week
Tier 3 Podiatrist has 9 sessions in isolation of other potential MDT members
It is part of the community podiatry caseload
0
10
None solely for diabetes
No combined with a regular treatment appointment
Approximately 140

What is the composition of the FPT? (Number of whole-time equivalents of each profession eg 1.5 WTE Podiatrists)
N/A
All podiatrists
3 Podiatrists (WTE)
14 WTE Podiatrists
0
1.3 WTE Band 7 Podiatrists. Band 6 1.3WTE
1WTE Podiatrist (Diabetes Specialist Nurses; Dietitians; GP Si; Consultant Endocrinologist - not substantive - belongs to main community Diabetes team - WTE not clear on)
n/a
0.8 band 5
2.8 band 6
0.8 band 7
20 wte podiatrist
N/A
17.4 WTE Podiatrists

Foot Protection Teams – Training HCPs



Is there a training/competency programme for specialist wound care for podiatrists and other wound care specialists eg TVNs?



We have a competency framework for reference and a local competency to complete Courses, modules, seminars under pinned by Clinical Supervision

All Podiatrists undertake Diabetes Foot Module & internal rotation through the High-Risk Foot Clinic

national frame and locally developed support program

Lower limb training for each new starter

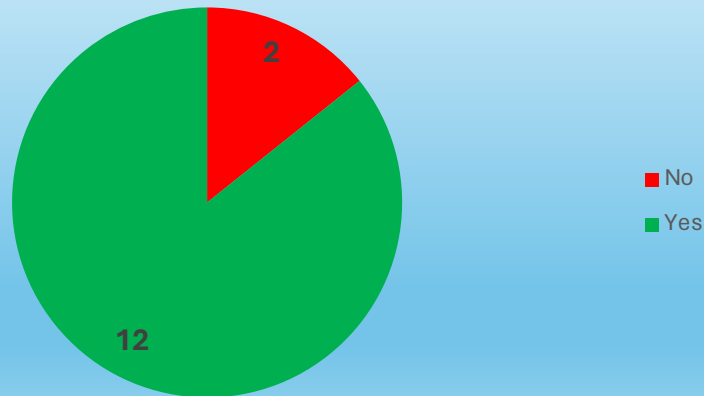
If chosen by practitioners as a CPD

Community wound care rotation for Band 5 podiatrists and rotation with the acute foot service with the MDT for those interested in developing their wound care knowledge and expertise

Foot Protection Teams – Foot Examination



Is there a training/competency programme for HCPs to undertake foot risk examination?



Core Training Assessment

All HCP's are offered to attend local Diabetes Foot Assessment training course
diabetes frame

Training by band 6/7

Delivered in a blended format

As with CPR reviews and certification it would be sensible to add this specialism and protect the public by insuring HCPC practitioners only to care for diabetics and "at risk" categories

Lead diabetes podiatrist offers one to one or one to two training for 2-3 hours with patient contact to practise skills learnt for primary care HCPs

Foot Protection Teams – Commissioned Services



What services are commissioned and delivered for people with diabetes with low-risk foot status?

Not commissioned to see routinely

Not social nail care. Foot screening and advanced vascular and neurological assessments , nail surgery

None. Our Podiatry Service is commissioned for moderate and high risk status only.
To do Foot assessments. Inform patient & GP.

Good Neighbour scheme and Age UK Nail cutting services.

None - managed in primary care

Part of routine foot care in the community
primary care screening

Low risk can access podiatry for routine care if required

Annual foot screen via GP

Annual check by diabetic nurse NO patient podiatry feedback from these appointments

None other than the provision of advice leaflets and access to podiatric care in the event of development of foot problems. Care remains with GP practices unless and until further risk factors develop

None

What services are commissioned and delivered for people with diabetes with moderate-risk foot status?

Commissioned to see but appointments not very often

Pathological nail care, callus and lesions, ulcer care, msk, nail surgery
Community Podiatry based in Health Centre settings.

To do Foot assessments & keep on & monitor every 3-6 months. Update patient & GP.

Routine Podiatry Clinics in community

Community Podiatry Service

Part of routine foot care in community, and also part of routine foot care clinics in the hosp

community podiatry

Access routine care as required if no further problems. Patients with previous problems e.g wound seen every 4-8 weeks

Above plus Preventative foot care and orthotist

None linked to private practitioners and possible to podiatry depts in NHS

Access to podiatry service and ongoing podiatric care as required, with diabetic foot assessment carried out by our podiatrists

Access to community podiatry

Foot Protection Teams – Commissioned Services



What services are commissioned and delivered for people with diabetes with high-risk foot status?

Commissioned to see but appointments not very often unless they've had a wound then normally seen every 4-6 weeks

Pathological nail care, callus and lesions, ulcer care, msk, nail surgery

Community Podiatry based in Health Care settings and care is shared with District Nursing, TVN's, Hospital FPT's and MDT's

To treat all high-risk foot accordingly & keep on & monitor every 1-12 weeks. Update patient & GP.

Routine Podiatry Clinics in community/ Short Return Clinics/Tier 3 Clinics
Community Podiatry Service

community podiatry

Routine clinics as required

Foot screen plus Preventative foot care and orthotist input

Emergency clinic for fire fighting and redressing

Access to podiatry service and ongoing podiatric care as required, with diabetic foot assessment carried out by our podiatrists. Review every 3 months or more frequently if required due to podiatric need, for example need for callus debridement

Access to community podiatry, MDFT and acute care

What services are commissioned and delivered for active foot disease?

Commissioned to see and normally seen as often as needed

Joint pathway between community and hospital team for MDT management

As above

To treat all active foot disease accordingly & keep on & monitor every 1-12 weeks. Update patient & GP.

Tier 3 Clinics in the community

Community Podiatry Service

Community and hospital high risk/ ulcer clinics

community podiatry and mdft in secondary care

Seen at least weekly for dressings and ask see in MDT secondary care

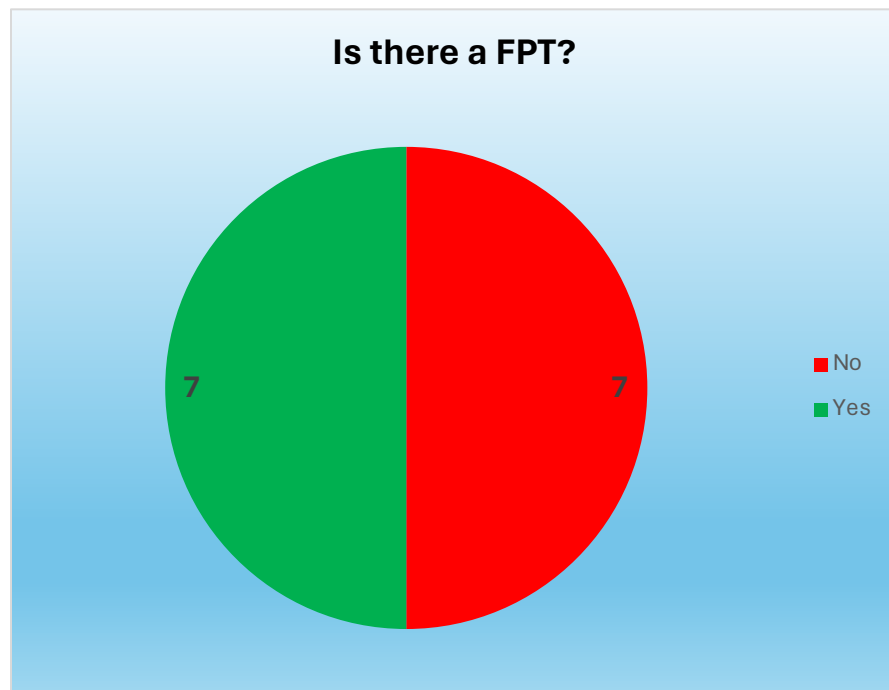
Acute foot team, 5 days a week advanced pod. 3 x sessions with orthotist. 1 x session with 2 x consultants vascular and diabetes.

None in Community local settings or Primaryhealth g/ care teams

Wound care clinics available each day of the week across the borough and immediate access to the hospital based MDFT if any PAD or sub-optimal glycaemic control detected, or if there is delayed healing for any other reason

MDFT and acute care

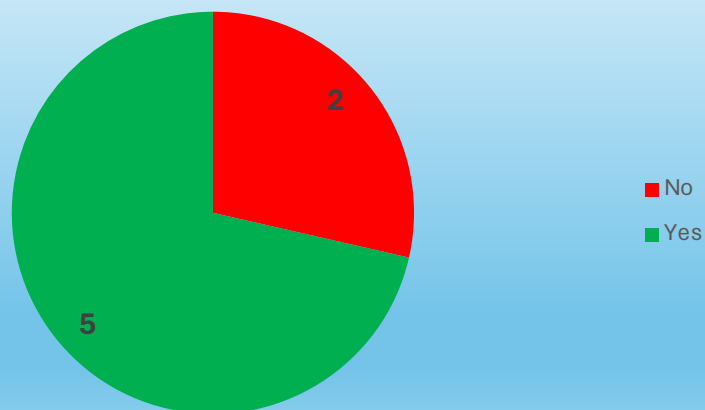
Foot Protection Teams – is there an FPT?





Foot Protection Teams – MDFT availability

Is Specialist Urgent Care in the MDFT available to the FPT within 24 hours



Hospital based MDT

MDT's at three local Hospitals

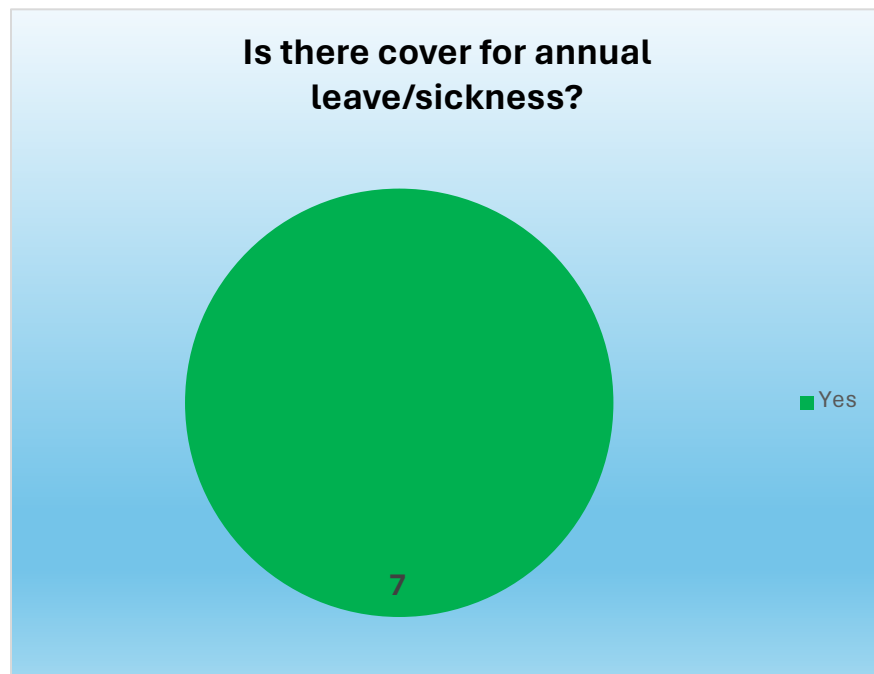
There is an Inpatient High risk foot Podiatrist Co-ordinator available Mon-Friday & A&E/Vascular Team Weekends

All referrals are triaged and actioned within 24 hours and patients that need Urgent immediate care are stepped up to Tier 4 or A and E

1 working day appt

A patient will be referred within 24 hours to the MDFT and will be seen by the MDFT (vascular and diabetologist input) within 1 week

Foot Protection Teams – cover for leave



Cover for annual leave, not always sickness.

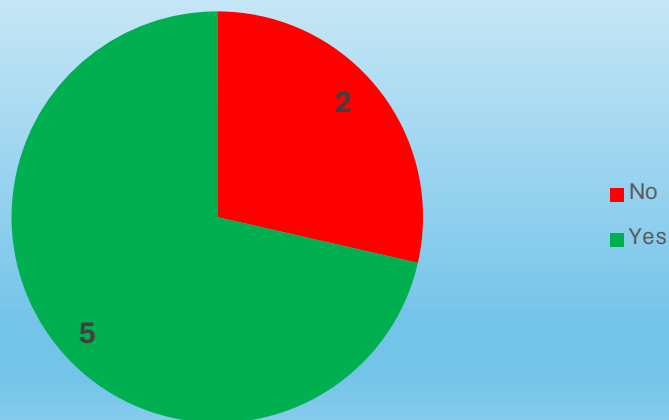
Community Podiatrist covers the Inpatient High risk foot Podiatrist Co-ordinator

All ulcer clinics have a podiatrist lined up to cover the clinic in the event of leave so ulcer clinics are never cancelled



Foot Protection Teams – orthotic services

Can direct referrals be made by the FPT to an orthotic service?



Referrals are made via the Orthopaedic Foot Consultant

Some but not all

Are biomechanical assessments available within the FPT?

Yes A dedicated MSK Team work alongside the Podiatrists in the Diabetic Foot Protection Team.

No

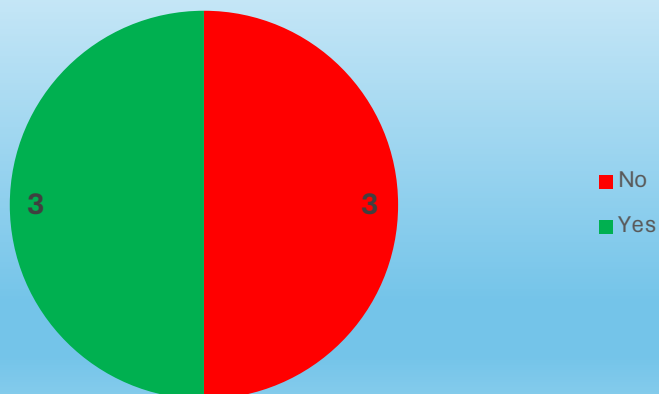
Are plantar pressure measurements available within the FPT?

No No such equipment in our Trust

No

Foot Protection Teams – Pressure Relief

Are pressure relieving devices available to the FPT within 24 hours?



Usually with 3-4 days

Via referral to Secondary Care FPT or Diabetic Foot MDT

A choice of Off-loading devices (specialist walker boots) are stored ready to be issued

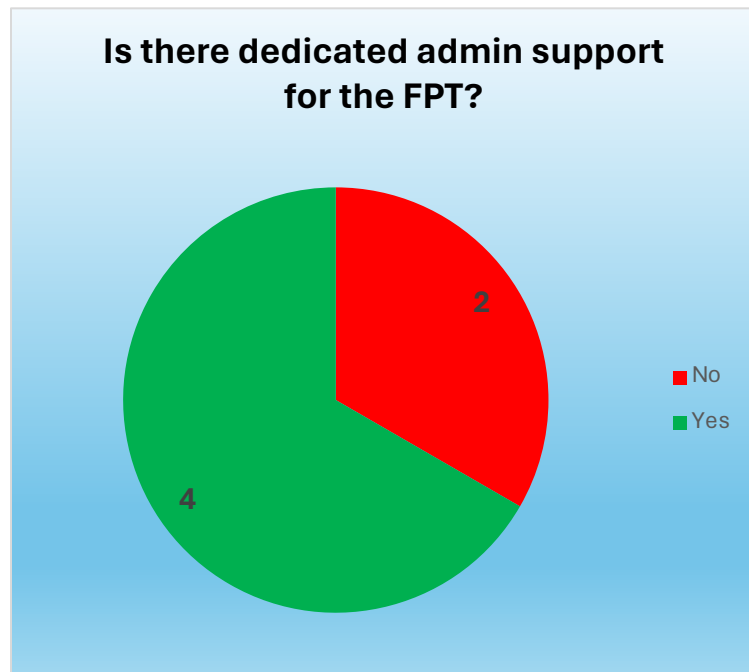
Only Darco shoe

Slipper cast yes. Nothing else

It depends on the device. Some devices are available immediately but some may only be made available following review by an orthotist or in the case of TCC we do not have enough podiatrists trained in TCC to be able to apply these and be available to remove and replace them



Foot Protection Teams – Admin Support



Yes

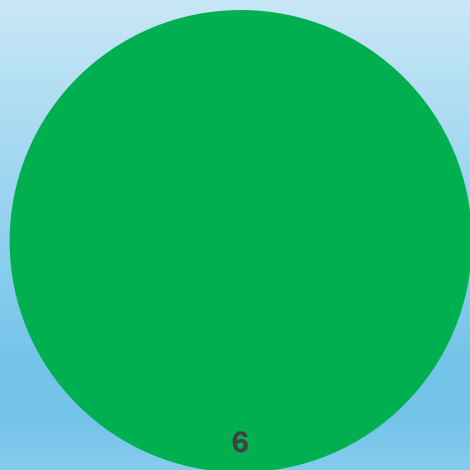
All Podiatrists get admin time during clinic sessions

We have admin support but currently struggling to recruit staff into the admin team



Foot Protection Teams – Domiciliary Service

Is there a specialist domiciliary FPT service?



■ Yes

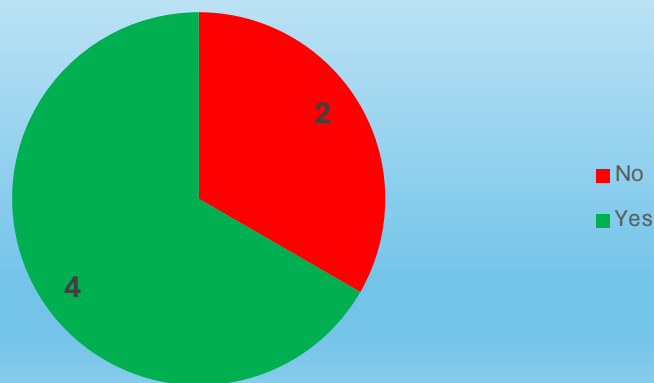
Podiatry, District Nursing and TVN's.

Every day there are Team of specialist Podiatrists that go out to do home visits to house bound high risk patients

Podiatry domiciliary team provides routine care depending on risk and podiatric need and also a wound care service, supported by district nursing service

Foot Protection Teams – Nursing Homes

Is there a specialist domiciliary FPT service provision for all nursing homes in the area?



Depends on the problem, if ulcerated then FPT will visit, if not then private podiatry for nursing homes. Different for residential care

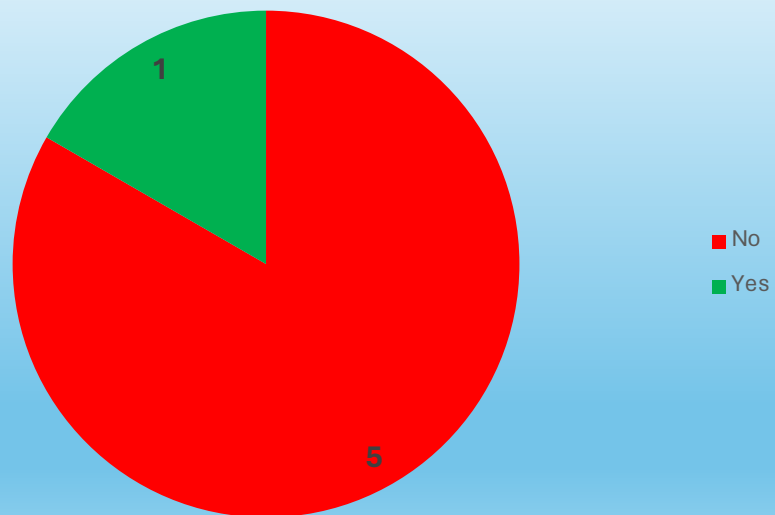
Podiatry, District Nursing, TVN's

There are Team of Specialist Podiatrists that go out to do visits to nursing home high risk patients



Foot Protection Teams – walk in appointments

Are walk-in appointments available?



Appointment only

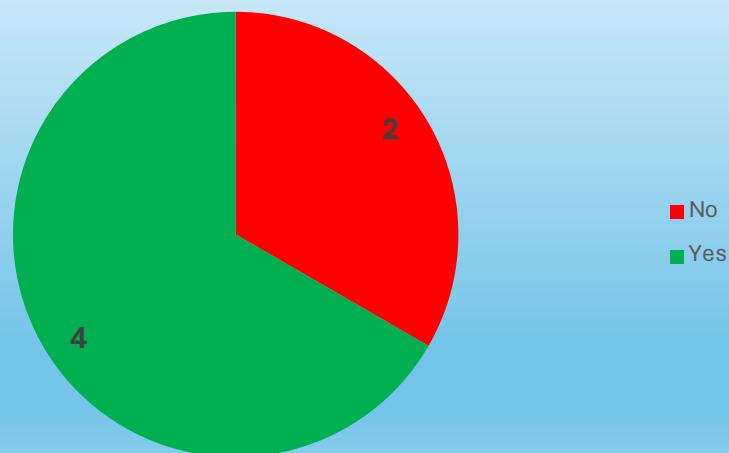
Emergency clinic 9-10am Mon-Friday & GP's/Health professionals can contact the FPT throughout the day.

However patients can refer in and triage team will book an appointment for the patient same day or within 24 hours if diabetic foot problem suspected



Foot Protection Teams – NICE Compliance

Is the FPT fully NICE Compliant with NG19, meeting all criteria?



Fully compliant

We monitor ourselves against NICE guidelines

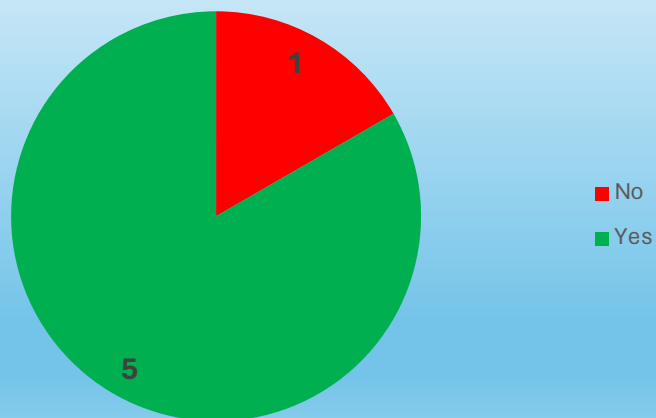
however short returns are reviewed according to patient need.

No below knee casting available. No inpatient service commissioned

Offloading with TCC not available within the FPT or MDFT. Patients are not seen by a MDFT within 24 hours. They may be referred promptly to a podiatry team that can book an appointment with the MDFT however the MDFT will not see the patient within 24 hours of referral

Foot Protection Teams – Waiting times

Are waiting times for all foot risk levels within current guidance?



Walk in access to a local Hospital which has a dedicated A&E Foot clinic

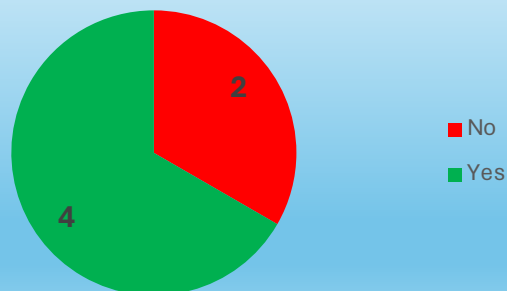
Max waiting times is 3 weeks for low-risk foot assessment

Some waits for routine podiatric care are longer than guidance recommends but waiting times can fluctuate

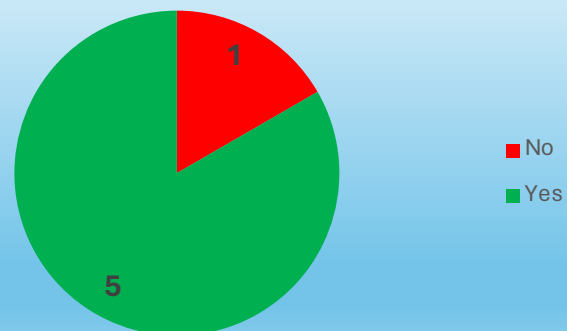


Can all FPT podiatrists prescribe/request:

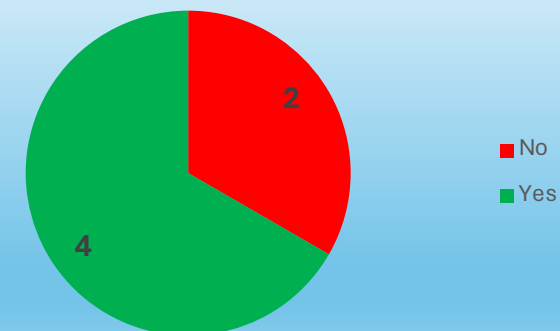
Off the shelf offloading devices



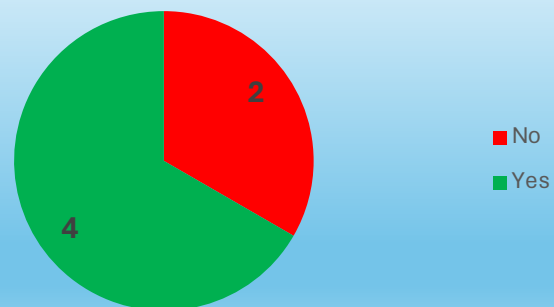
Microbiology Results



Blood Test Results

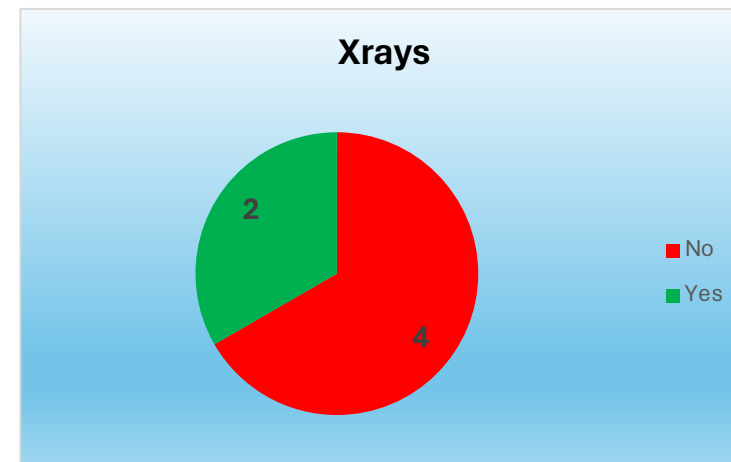
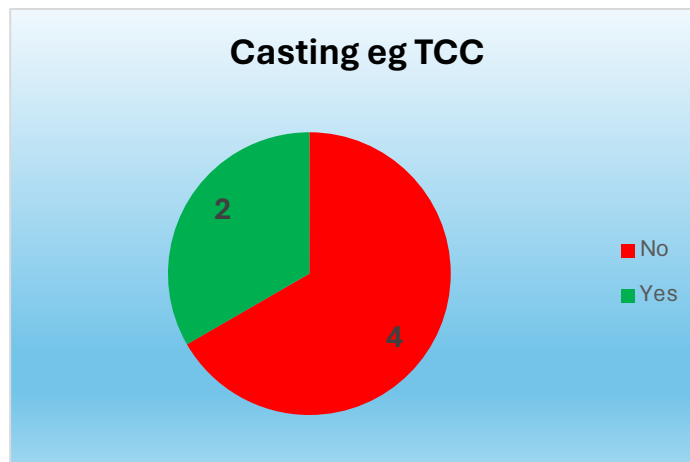
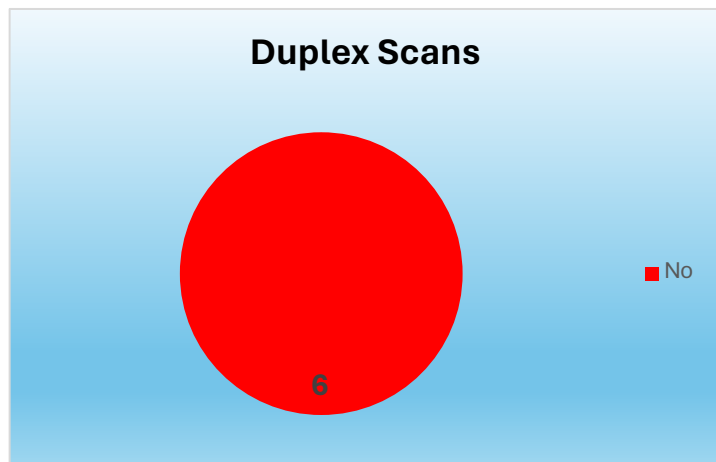


Same day antibiotics





Can all FPT podiatrists prescribe/request:



No Podiatry independent prescribers. Antibiotics prescribed via GP

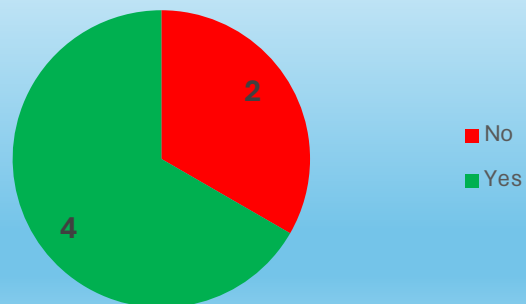
We can prescribe/request directly those shown

Some but not all

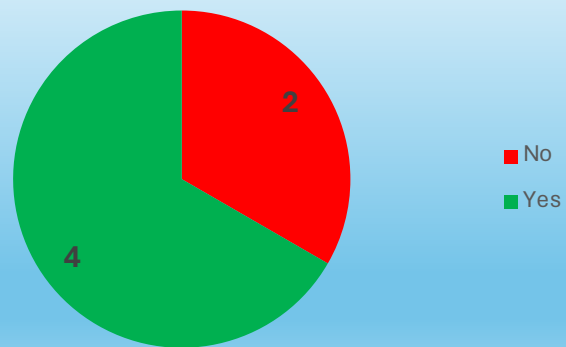
For blood tests and X-rays patients are referred to ED with follow up by the acute foot service team who will review their results

Can all FPT podiatrists access:

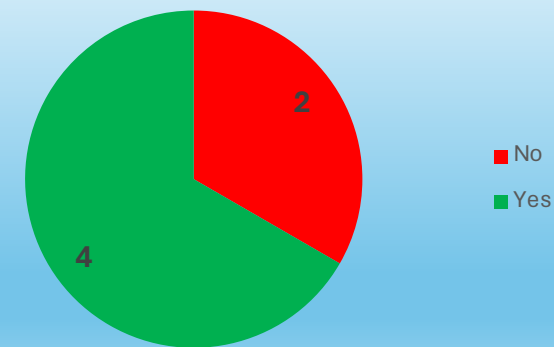
Off the shelf offloading devices



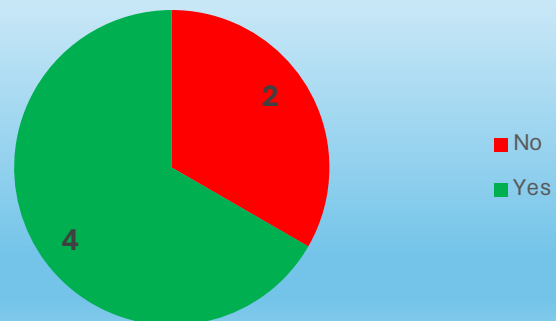
Microbiology Results



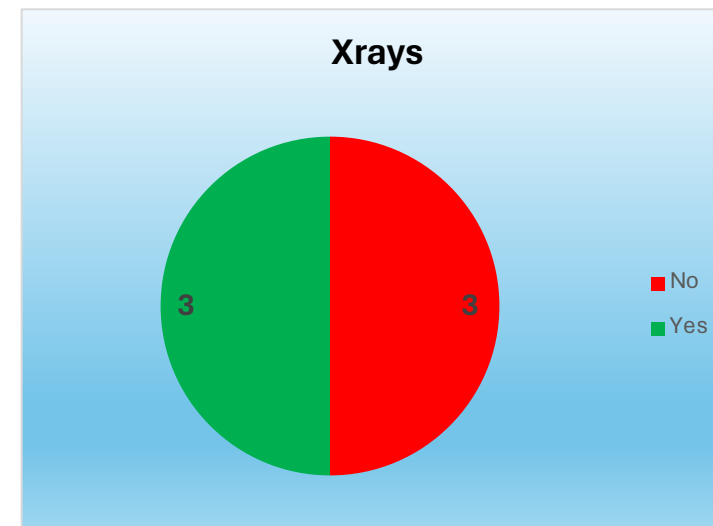
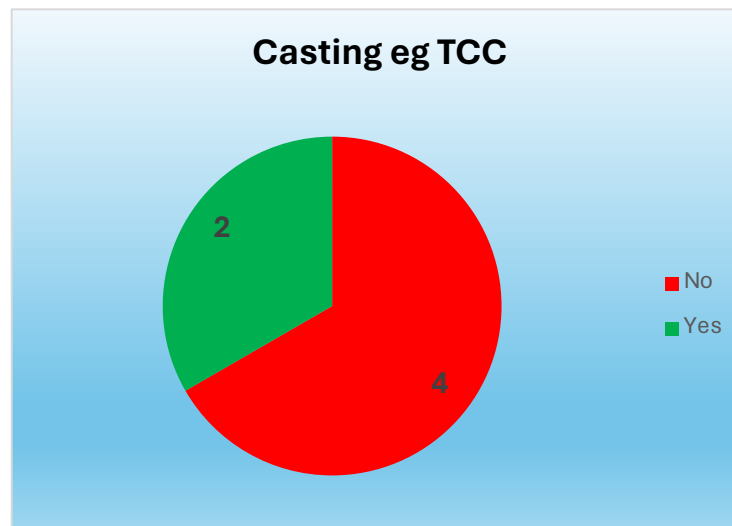
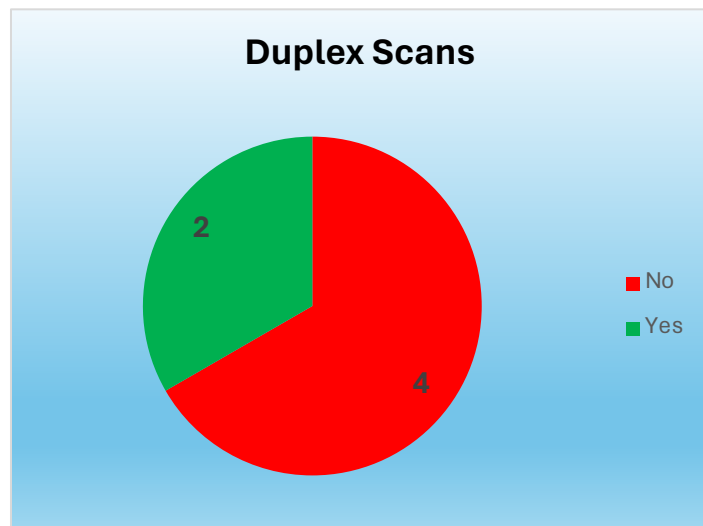
Blood Test Results



Same day antibiotics



Can all FPT podiatrists access:



Access to X-ray results but not able to study the X-ray.

We have indirect access to all the above via requests to other health professionals

If by access you mean review results, yes the results can be accessed. Antibiotics are requested same day from GP with follow up to confirm the request will be processed that day. The patient may however only collect the prescription the following day



Foot Protection Teams

What are the communication systems available for referrals?

Email, electronic records and phone

email direct to designated inbox which is triaged Monday to Friday.

paper/email/bleep/intranet

Referral Form, Email, Telephone Contact

Ers.

Self-referral by paper form posted or delivered by hand into reception staff who process referral same day, or referral form can be emailed into the service.
Telephone access to all community clinics

What are the blocks to providing an FPT?

No dedicated service

Recently commissioned being mobilised
diabetologist buy in

Not a dedicated team called an FPT but are seen by band 6/7 experienced podiatrists

Other

Not Commissioned

Lack of Staff

No dedicated service

Other

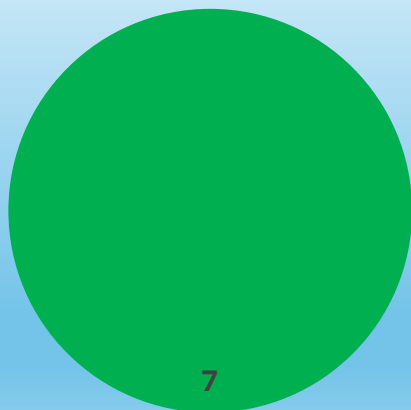
Possibly a lack of understanding of podiatric preventative services and funding and importance of this service when allocating funds

No dedicated service

Foot Protection Teams – Fast Track to MDFT



Is there fast track process for patients from FPT to MDFT?



■ Yes

Within 48 hours.

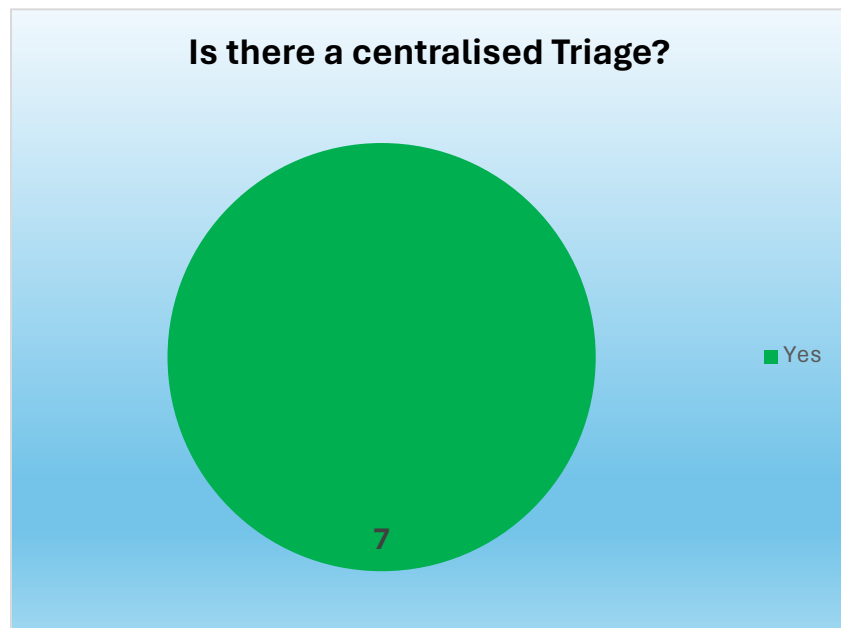
There is an In-patient high risk foot Podiatrist co-ordinator Mon-Friday at MDFT

Hot Clinic/A & E

Book directly into clinic

Email referral and patient is booked into next available MDFT appointment

Foot Protection Teams – Triage

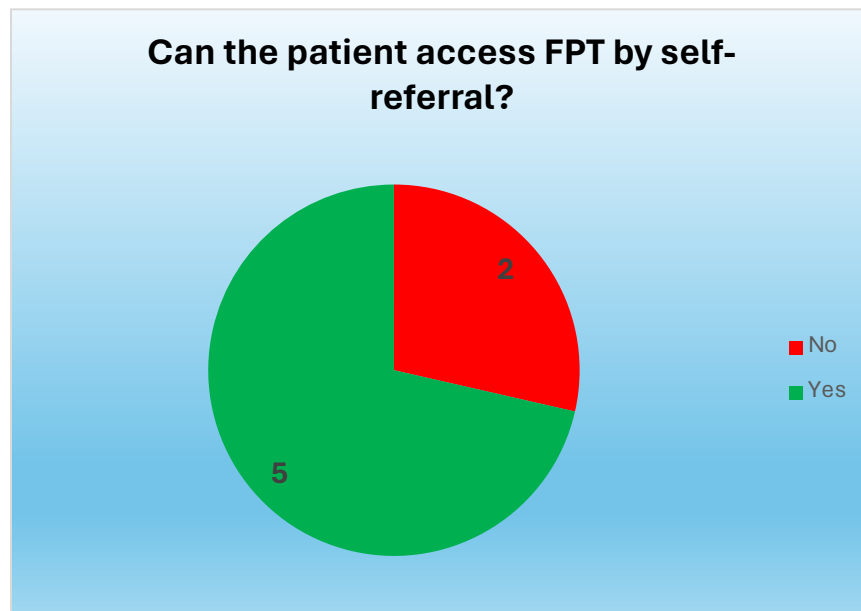


Referrals triaged Monday to Friday

At Community FPT Base & at A&E & the In-patient high risk foot Podiatrist co-ordinator attends there

Is slow, have a very long waiting list,

Foot Protection Teams – Self Referral

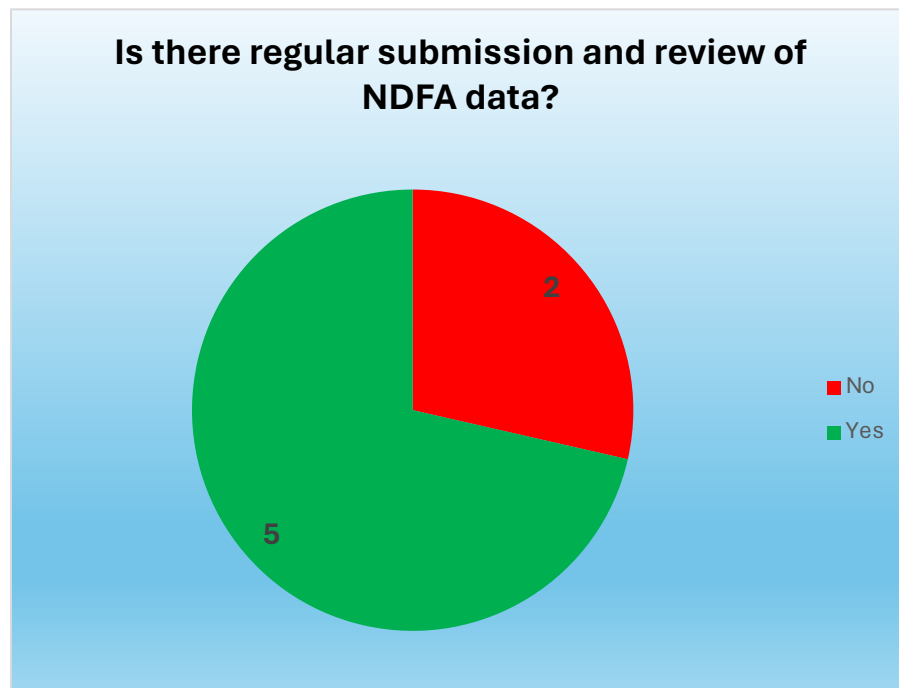


Health care Professional referral only

Patients can self-refer into the Community FPT Foot Health Services

Mainly GP/ health profession referrals

Foot Protection Teams – NDFA data

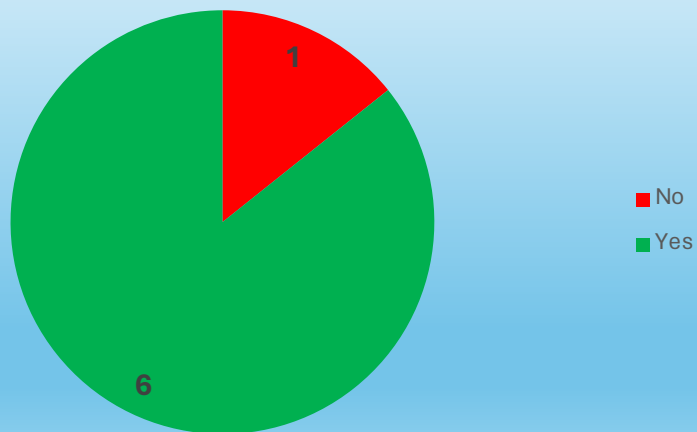


Diabetic Foot MDT's submit such data to avoid duplication

Yearly submissions are carried out by elected Podiatrists

Foot Protection Teams – KPIs

Are there agreed KPIs for waiting times
from referral to first treatment?



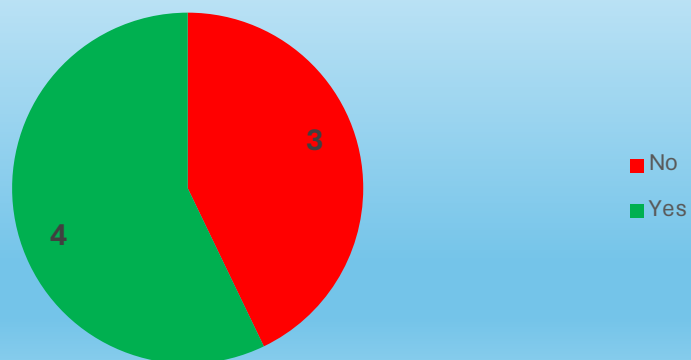
Agreed with Commissioning Service

Follows NICE Guidelines

Within 2 weeks

Foot Protection Teams – Data Collection

Is the team involved in clinical data collection and audit other than the National Diabetes Footcare Audit?



Mdt and community

Local wound care audit which measures if Podiatrists in the FPT have referred to Diabetic Foot MDT in line with NG19

All known local minor/major Amputations are audited & improvements to service questions asked

Nwcsp



Foot Protection Teams

How is plan of care communicated to other HCPs?

Copy of GP Letter

Shared electronic note system

Shared electronic note system

Shared electronic note system

Written Plan

Shared electronic note system

Shared electronic note system

How is plan of care communicated to the patient?

Copy of GP Letter

Verbal Plan

Verbal Plan

Written Plan

Copy of GP Letter

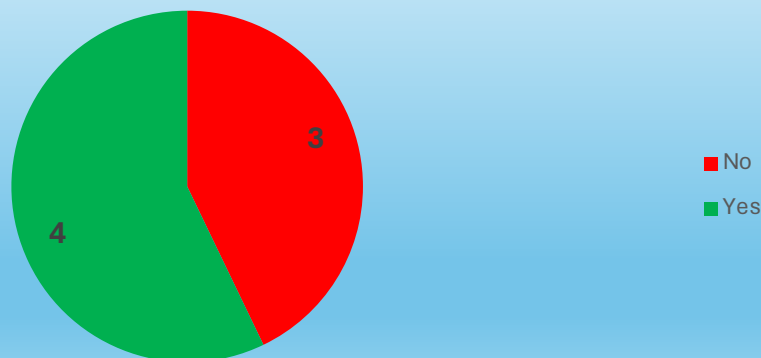
Verbal Plan

Verbal Plan



Foot Protection Teams – Foot Checks

Are annual foot checks being carried out at diagnosis of diabetes and ongoing annual reviews with a Standard Operating Procedure?



GP Practices are commissioned to provide this locally.

GP Practices/FPT are expected to conduct yearly DFA's & the Foot Health team conducts training/support for this

No commissioned to do them, would add to the case load a lot

Gp is commissioned for this

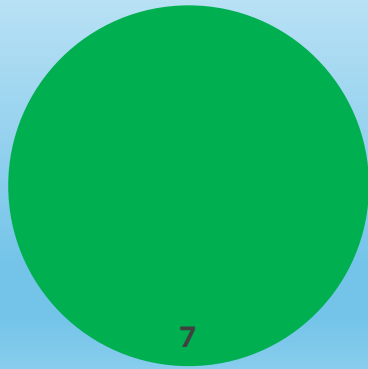
Yes, annual foot checks carried out by primary care unless risk factor identified and then patient should be referred into FPT for assessment.

Ongoing foot checks for moderate or high risk patients will be carried out by podiatrist on annual basis or more frequently depending on podiatric need

Foot Protection Teams –Patient Information



Do patients/carers have access to information to recognise and self-refer for foot attack?



■ Yes

All patients, in spite of risk, are provided a leaflet with information on Information and education provided. However, self referral not accepted into FPT Services

On Foot Health Team website there is Emergency Foot awareness & action information

verbal and patient leaflet

have ACTNOW leaflet, and CPR leaflet for patients . Also have the national foot care leaflets

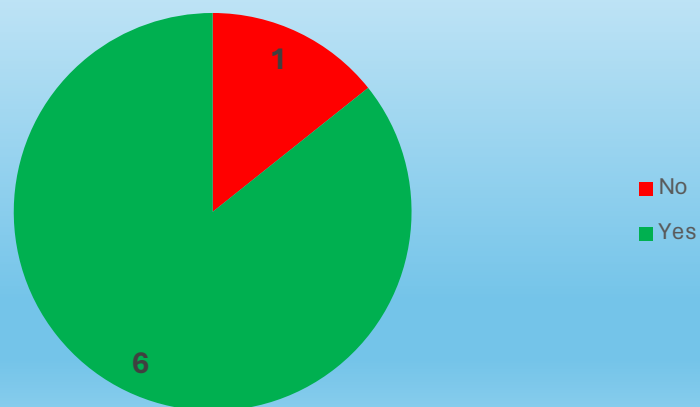
Diabetes uk leaflet.

oral information and written leaflet provided



Foot Protection Teams –Patient Education

Is foot disease covered in patient education programmes for Type 1 Diabetes and Type 2 Diabetes?



Diabetes Nurse Consultant led.

The local diabetes centre runs educational courses for Type 1/2 that includes diabetic Foot awareness

Foot Protection Teams –Patient Events

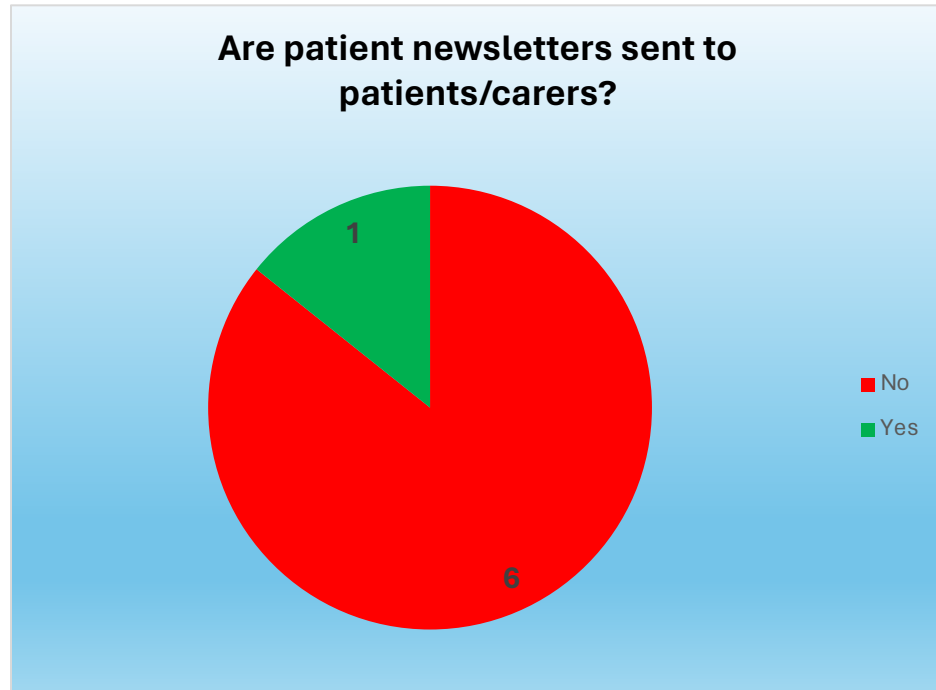


Via gp surgeries, unsure of frequency

Ad hoc. Reasonable uptake.

We are currently running a 1-year Diabetic foot Awareness Educational project to patients/GP's/Community nurses

Foot Protection Teams –Patient News

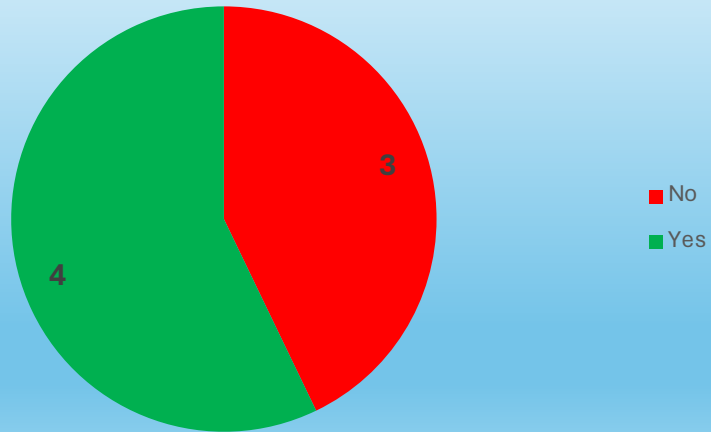


On initial assessment or if anything changes

Foot Protection Teams – Mental Health



Are FPT staff trained to recognise and screen for mental health related issues?



Suicide awareness mandatory training provided.

All FPT staff undergo mandatory Adult safeguarding/ Protection courses and capacity assessment training



Summary of Main Findings

From 7 areas with FPTs

- 2/5 FPTs had no access to MDFT within 24 hours
- 2/5 FPTs could not refer direct to orthotics service
- 5/7 FPTs accepted self referral
- 5/7 delivered data to NDFA
- 6/7 FPTs had agreed waiting time KPIs
- All teams had cover for leave/sickness



Summary of Main Findings

From the 6 FPTs who replied to these questions;

- All teams had fast track to MDFT within 48 hours
- All teams had centralised triage
- All teams had a specialist domiciliary FPT service
- All teams had information for patients/carers to recognise foot attack & self-referral
- 3/3 FPTs did not have pressure relieving devices available within 24 hours.
- 2/6 FPTs had no admin support
- 2/6 FPTs did not provide nursing home care
- 5/6 FPTs did not provide walk in appointments
- 2/6 FPTs felt they did not meet all NG19 criteria
- 1/6 FPTs did not meet waiting times in line with guidance



Summary of Main Findings

From the 6 FPTs who replied to these questions;

- Whether FPT podiatrists prescribe /request offloading devices, results for microbiology, blood tests, xrays, casting and same day antibiotics were variable.
- No FPTs could request an arterial Duplex scan.
- Whether FPT podiatrists had access to offloading devices, results for microbiology, blood tests, xrays, casting and same day antibiotics were variable and often required GP or other HCP intervention.
- Referrals systems were mixed with some electronic and some on paper.
- Blocks to FPT provision included lack of staff, service not being commissioned and no dedicated service.
- 4/7 reported annual foot checks were completed by primary care
- 6/7 FPTs covered foot disease in diabetes programmes
- 3/7 FPTs have patient events
- 1/7 FPTs produce a patient/carer newsletter
- 4/7 FPTs have been trained to recognise and screen for mental health issues



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