# Southwark and Lambeth



# **Diabetes Foot Care Pathway**

South East London, Dartford and Gravesham

Hiah

Active

charcot foot)

(Foot ulceration/







### Definition Risk Level Intact foot and at low risk of damage: low Palpable foot pulses No foot deformity or amputation Intact foot but moderate risk of damage: Peripheral neuropathy (i.e. Moderate abnormal sensation), or Peripheral vascular disease (i.e. absent foot pulses) Deformity/lesions

# Intact foot but high risk of damage:

- Previous foot ulceration
- History of Charcot for
- Patients on dialvsis
- Patients on dialysis
- Neuropathy and lower limb peripheral arterial disease together
- Neuropathy in combination with callus/deformity
- Lower limb peripheral arterial disease in combination with callus/deformity

#### Current active foot tissue damage:

- Any foot ulceration
- Acute Charcot foot (hot/ swollen/painful foot)
- Any foot Infection
- Septic patients should be referred to A&E with in-patient MDfT support

### Action

#### Foot care within Primary Care Setting (GP)

- Annual Foot Screening http://bit.ly/How2FS
- Foot check for tissue damage
- Referral to active care if applicable
- If intact foot but with abnormal sensation or absent pulses, refer to Foot Protection Team
- If new ulceration or acute Charcot referral to MDfT (see referral guidance under How to refer)

#### Foot Care within Foot Protection Team

- Diabetes foot checks and surveillance every six months
- Foot check for tissue damage
- Regular podiatry and general foot care
- Referral to active care if applicable
- Callus removal, nail care and regular foot care review as per NICE guidelines

#### Foot Care within Foot Protection Team

- Diabetes foot checks and surveillance every two – three months
- Foot Check for tissue damage
- Regular podiatry and general foot care
- Referral to active care if applicable
- Callus removal, nail care and regular foot care review as per NICE guidelines similar to the yellow box above

## Rapid referral within one working day to MDfT for footcare within specialist foot team

- Triage of referrals within one working day
- MDfT review within one additional working day
- 'One-stop' case reviews
- Coordinate OPAT Care
- Refer housebound patients to FPT immediately
- Ensure patients provided with written and verbal information and contact numbers – see links to leaflets in "Important information" box

#### How to refer

# Continue to manage in Primary Care



## Foot protection team (FPT)

Via GPs to Lambeth & Southwark Community Footcare Service Tel: 020 3049 7900 Via referral form Email: gsttr.communityfoothealth@nhs.net



## MDfT specialist foot team

Via GPs to GSTT or KCH MDFT clinics GSTT: 020 7188 1913 KCH: 020 3299 3223

eRS referral - Email: GSTT: gsttr.diabetesAndEndocrine@nhs.net KCH: kch-tr.DFReferrals@nhs.net



**Important** 

 Patients on dialysis, blind or unable to self-care to be considered as high risk.

Record risk status and inform patient of what it means. Use the following Patient Information Leaflets:

- Low Risk Foot http://bit.ly/LR\_Foot
- Moderate Risk Foot http://bit.ly/MR\_Foot
- High Risk Foot http://bit.ly/HR\_Foot
- Footwear advice http://bit.lv/FWear
- Ensure patient has both written and verbal information, and contact numbers as needed.
- Callus removal, nail care and regular foot care review as per NICE guidelines.



# Greenwich



# **Diabetes Foot Care Pathway**

Definition

South East London, Dartford and Gravesham

Risk Level





## Intact foot and at low risk of damage: Low or amputation Intact foot but moderate risk of damage: Peripheral neuropathy (i.e. Moderate abnormal sensation), or Peripheral vascular disease (i.e. absent foot pulses) Deformity/lesions Intact foot but high risk of damage: High Current active foot tissue damage: Any foot ulceration Acute Charcot foot (hot/ Active swollen/painful foot) Any foot Infection (Foot ulceration/ Septic patients should charcot foot) be referred to A&E with

in-patient MDfT support

#### How to refer Action Foot care within Primary Care Setting (GP) Annual Foot Screening - http://bit.ly/How2FS Foot check for tissue damage Continue to manage Referral to active care if applicable If intact foot but with abnormal sensation or in Primary Care absent pulses, refer to Foot Protection Team If new ulceration or acute Charcot referral to MDfT (see referral guidance under How to refer) Foot Care within Foot Protection Team Diabetes foot checks and surveillance every six months Foot check for tissue damage Regular podiatry and general foot care Referral to active care if applicable Foot protection Callus removal, nail care and regular foot team (FPT) care review as per NICE guidelines Via GPs to Oxleas Podiatry Service Foot Care within Foot Protection Team Tel: 020 8320 3550 Diabetes foot checks and surveillance Via referral form every two - three months Email: oxl-tr.Podiatry@nhs.net Foot Check for tissue damage Regular podiatry and general foot care Referral to active care if applicable Callus removal, nail care and regular foot care review **> >** as per NICE guidelines similar to the vellow box above **MDfT** specialist Rapid referral within one working day to MDfT for footcare within specialist foot team foot team Triage of referrals within one working day Via GPs to OEW MDFT Clinic MDfT review within one additional working day eRS Referral 'One-stop' case reviews Advice / guidance: Coordinate OPAT Care Tel: 0208 836 4008 Refer housebound patients to FPT immediately Email: La.geh-

Ensure patients provided with written and verbal

information and contact numbers - see links

to leaflets in "Important information" box

## **Important** information

· Patients on dialysis, blind or unable to self-care to be considered as high risk.

Record risk status and inform patient of what it means. Use the following Patient Information Leaflets:

- Low Risk Foot http://bit.ly/LR Foot
- Moderate Risk Foot http://bit.ly/MR\_Foot
- · High Risk Foot http://bit.lv/HR Foot
- Footwear advice http://bit.ly/FWear
- Ensure patient has both written and verbal information, and contact numbers as needed.
- · Callus removal, nail care and regular foot care review as per NICE guidelines.

acutefootservice@nhs.net

# Lewisham



## **Diabetes Foot Care Pathway**

South East London, Dartford and Gravesham



How to refer

Lewisham
Clinical Commissioning Group

## Definition Risk Level Intact foot and at low risk of damage: Palpable foot pulses or amputation Intact foot but moderate risk of damage: · Peripheral neuropathy (i.e. Moderate abnormal sensation), or Peripheral vascular disease (i.e. absent foot pulses) Deformity/lesions Intact foot but high risk of damage: High Current active foot tissue damage: Any foot ulceration Acute Charcot foot (hot/ Active swollen/painful foot)

Any foot Infection

Septic patients should

be referred to A&E with

in-patient MDfT support

(Foot ulceration/

charcot foot)

Action

### Foot care within Primary Care Setting (GP)

- Annual Foot Screening http://bit.ly/How2FS
- Foot check for tissue damage
- Referral to active care if applicable
- If intact foot but with abnormal sensation or absent pulses, refer to Foot Protection Team
- If new ulceration or acute Charcot referral to MDfT (see referral guidance under How to refer)

#### Foot Care within Foot Protection Team

- Diabetes foot checks and surveillance every six months
- Foot check for tissue damage
- Regular podiatry and general foot care
- Referral to active care if applicable
- Callus removal, nail care and regular foot care review as per NICE guidelines

#### Foot Care within Foot Protection Team

- Diabetes foot checks and surveillance every two – three months
- Foot Check for tissue damage
- Regular podiatry and general foot care
- Referral to active care if applicable
- Callus removal, nail care and regular foot care review as per NICE guidelines similar to the yellow box above

## Rapid referral within one working day to MDfT for footcare within specialist foot team

- Triage of referrals within one working day
- MDfT review within one additional working day
- 'One-stop' case reviews
- Coordinate OPAT Care
- Refer housebound patients to FPT immediately
- Ensure patients provided with written and verbal information and contact numbers – see links to leaflets in "Important information" box

## Continue to manage

in Primary Care

### >

#### Foot protection team (FPT)

Via GPs to Lewisham Podiatry Service

Downham H&LC 02030491800 lg.fhsdownhamhc@nhs.net

Jenner HC 02030492446 lg.fhsjennerhc@nhs.net

Lee HC 02030492070 la.fhsleehc@nhs.net

Sydenham Green HC 02030492737 lg.fhssydenhamgreenhc@nhs.net

South Lewisham HC 02030492503 lg.fhssouthlewishamhc@nhs.net

Waldron HC 02030493402 lg.fhswaldronhc@nhs.net

Lewisham Hospital Community Clinic 02031926790 Lg.fhslewishamhospital@nhs.net

Lewisham Home visiting service 02030491860/70 lq.fhshomevisitingservice@nhs.net

Acute Foot Service & MDFT 02031926612 Lh.acutefootservices@nhs.net



# Important information

 Patients on dialysis, blind or unable to self-care to be considered as high risk.

Record risk status and inform patient of what it means.

Use the following Patient Information Leaflets:

- Low Risk Foot http://bit.ly/LR\_Foot
- Moderate Risk Foot http://bit.ly/MR Foot
- High Risk Foot http://bit.ly/HR Foot
- Footwear advice http://bit.ly/FWear
- Ensure patient has both written and verbal information, and contact numbers as needed.
- Callus removal, nail care and regular foot care review as per NICE guidelines.



# **Bexley**



## **Diabetes Foot Care Pathway**

South East London, Dartford and Gravesham





**Important** 

information

Patients on dialysis, blind

Record risk status

of what it means.

Use the following

Patient Information

and inform patient

or unable to self-care to

be considered as high risk.

### Definition Risk Level Intact foot and at low risk of damage: low Palpable foot pulses or amputation Intact foot but moderate risk of damage: · Peripheral neuropathy (i.e. Moderate abnormal sensation), or Peripheral vascular disease (i.e. absent foot pulses) Deformity/lesions Intact foot but high risk of damage: High Lower limb peripheral arterial Current active foot tissue damage: Any foot ulceration Acute Charcot foot (hot/ Active swollen/painful foot) Any foot Infection (Foot ulceration/ Septic patients should charcot foot)

be referred to A&E with

in-patient MDfT support

#### Action Foot care within Primary Care Setting (GP) Annual Foot Screening - http://bit.ly/How2FS Foot check for tissue damage Referral to active care if applicable If intact foot but with abnormal sensation or absent pulses, refer to Foot Protection Team If new ulceration or acute Charcot referral to MDfT (see referral guidance under How to refer) Foot care within Primary Care Setting (GP) Diabetes foot checks and surveillance every six months Foot check for tissue damage Regular podiatry and general foot care Referral to active care if applicable Callus removal, nail care and regular foot care review as per NICE guidelines Foot Care within Foot Protection Team Diabetes foot checks and surveillance every two - three months Foot Check for tissue damage Regular podiatry and general foot care Referral to active care if applicable Callus removal, nail care and regular foot care review as per NICE guidelines similar to the yellow box above Rapid referral within one working day to MDfT for footcare within specialist foot team Triage of referrals within one working day MDfT review within one additional working day

'One-stop' case reviews

Refer housebound patients to FPT immediately

information and contact numbers - see links

to leaflets in "Important information" box

Ensure patients provided with written and verbal

Coordinate OPAT Care

# How to refer Continue to manage in Primary Care High Risk (Foot Protection Team) Via GPs to Oxleas Podiatry Service Tel: 020 8320 3550 Via referral form Email: oxl-tr.Podiatry@nhs.net **MDfT** specialist foot team Via GPs to OMS MDFT clinic Tel: 020 7188 3616

#### Leaflets: Low Risk Foot http://bit.lv/LR Foot Moderate Risk Foot http://bit.ly/MR\_Foot High Risk Foot http://bit.ly/HR Foot · Footwear advice http://bit.ly/FWear Ensure patient has both written and verbal information, and contact numbers as needed. Callus removal, nail care and regular foot care review as per NICE auidelines. tr.DiabetesandEndocrine@nhs.net

eRS referral

Email: ast-

# **Bromley**



# **Diabetes Foot Care Pathway**

be referred to A&E with

in-patient MDfT support

South East London, Dartford and Gravesham





#### Definition Action How to refer Risk Level Intact foot and at low Foot care within Primary Care Setting (GP) risk of damage: Annual Foot Screening - http://bit.ly/How2FS Foot check for tissue damage Palpable foot pulses Low Continue to manage Referral to active care if applicable No foot deformity If intact foot but with abnormal sensation or in Primary Care No history of ulceration or amputation absent pulses, refer to Foot Protection Team If new ulceration or acute Charcot referral to MDfT (>) (see referral guidance under How to refer) Intact foot but moderate risk of damage: Foot Care within Foot Protection Team · Peripheral neuropathy (i.e. Moderate Diabetes foot checks and surveillance every six months abnormal sensation), or Peripheral vascular disease Foot check for tissue damage (i.e. absent foot pulses) Regular podiatry and general foot care Deformity/lesions Referral to active care if applicable Foot protection Callus removal, nail care and regular foot team (FPT) care review as per NICE guidelines Intact foot but high Via GPs to Bromley Healthcare risk of damage: **Podiatry Service** Foot Care within Foot Protection Team Tel: 020 8315 8715 Diabetes foot checks and surveillance Via single point entry form every two - three months Email: bromh.ccpod4@nhs.net High Foot Check for tissue damage Regular podiatry and general foot care Referral to active care if applicable Callus removal, nail care and regular foot care review **> >** as per NICE guidelines similar to the vellow box above **MDfT** specialist Rapid referral within one working day to MDfT foot team for footcare within specialist foot team Triage of referrals within one working day Via GPs to PRUH MDFT clinic Current active foot tissue damage: MDfT review within one additional working day Tel: 01689 865 202 Any foot ulceration 'One-stop' case reviews eRS referral via EMIS Acute Charcot foot (hot/ Coordinate OPAT Care Email: kch-Active swollen/painful foot) Refer housebound patients to FPT immediately tr.pruhdiabeticfootclinic@nhs.net Any foot Infection (Foot ulceration/ Ensure patients provided with written and verbal Septic patients should information and contact numbers - see links charcot foot)

to leaflets in "Important information" box

## **Important** information

 Patients on dialysis, blind or unable to self-care to be considered as high risk.

#### Record risk status and inform patient of what it means. Use the following Patient Information Leaflets:

- · Low Risk Foot http://bit.ly/LR\_Foot
- Moderate Risk Foot http://bit.ly/MR\_Foot
- High Risk Foot http://bit.ly/HR\_Foot
- Footwear advice http://bit.ly/FWear
- Ensure patient has both written and verbal information, and contact numbers as needed.
- · Callus removal, nail care and regular foot care review as per NICE auidelines.