

Annual Foot Assessment for Adults with Diabetes and Emergency Advice for Adults with Active Foot Disease

We welcome feedback on this policy and the way it operates. We are interested to know of any possible or actual adverse impact that this policy/procedure may have on any groups in respect of gender or marital status, race, disability, sexual orientation, religion or belief, age or other characteristics.

Document No.	Version	Date Approved	Last Review	Review Date	Equality Impact Assessed	Author/ Contact Person
1	3	4 th December 2012	n/a	Feb / March 2012	Low – Partial EIA assessment only	MK Diabetes Care & Manager - Podiatry Dept

Approved by :	
For use in (area)	General Practice
For use by (staff groups)	All healthcare professionals trained in foot care NB: annual foot assessments are not undertaken by the Podiatry Dept
For use for (patients/staff/public)	Adults with Diabetes in Milton Keynes
Document Owner:	MK Diabetes Care and Manager – Podiatry Dept
Document Status:	Awaiting ratification

Document History

Version	Date	Author	Reason
1	Oct 2008	Ruth Chilcraft	Improve foot assessments in primary care (Not ratified)
2	June 2011	Ruth Chilcraft	Update foot assessments (Not ratified)
3	Feb 2012	Julie Petzing Navdeep Grewal Dr Asif Ali	For ratification

Consultation History

The document will not be ratified unless there is evidence that all services affected by the document have been consulted with. This section should list the people who have reviewed the document (by post, not name) and give a brief outline of their comments if any.

Directorate/service	Role	Comment received yes / no	Changes made as a result (give brief detail)
Podiatry	Manager - Podiatry Dept	Yes	General update and review Agreement of the referral process
Diabetes and Endocrinology	Consultant Physician	Yes	Management of active foot disease
Patient representative	Advice	No	

Equality Impact Assessment

Summarise the EIA in this section giving the date, and confirmation that this has been done. Guidance is available from the Equality and Diversity Manager.

Contents:

1.0	Introduction	3
2.0	Scope	3
3.0	Definitions :	3
4.0	Roles and Responsibilities	3
5.0	Main body of document	4 - 5
6.0	Applicability to Quality Standards	6
7.0	Approval and ratification	6
8.0	Dissemination	6
9.0	Implementation	6
10	Monitoring & Evaluation	7
11	Review and archiving	7
12	Other evidence/references	7
13	Appendices	7

1.0 Introduction

Policy Statement and Aim

All adults with diabetes should have their feet assessed by a health care professional trained in foot care on an annual basis.

Objectives

To ensure that all people with diabetes have the correct care and assessment of their feet.

2.0 Scope

Applies to all services providing care/treatment of adults with diabetes in Milton Keynes

NB Annual foot assessment checks are not done by the Podiatry team.

3.0 Definitions

4.0 Roles and Responsibilities

Role	Responsibility
MK Diabetes Care	To audit and monitor the guideline's use
MK Diabetes Care and Manager Podiatry Dept	To disseminate the guideline, ensure staff are trained, advise on its implementation and review the guideline regularly
Service managers/senior clinicians	Ensure that all relevant staff are aware of the guideline and are released from duties to receive training necessary to implement the guideline
Primary care practitioners	Work in accordance with the guideline

See Guideline below

5.0 Foot-care Guideline

All people with Diabetes should have their feet examined annually by a trained health care professional.

- Inspect the feet for shape, deformity, skin changes and footwear
- Palpate foot Pulses: Dorsalis pedis, Posterior tibialis
- Test sensations with 10g monofilament
- Check for general disability and visual impairment

LOW RISK	MODERATE RISK	HIGH RISK	ACTIVE FOOT DISEASE
Normal Sensation & 4 out of 6 monofilament locations actively detected per foot & 1 out of 2 pulses palpated (see above) & No previous ulcer & No foot deformity & Normal Vision	Loss of sensation <i>or</i> Absent pulses <i>or</i> Previous vascular surgery <i>or</i> Significant visual impairment <i>or</i> Physical disability (eg stroke, gross obesity, breathing difficulties)	Previous ulcer due to neuropathy/ischaemia <i>or</i> Absent pulses & Neuropathy <i>or</i> Callus with risk factor: (eg Neuropathy, absent foot pulse, foot deformity) <i>or</i> Previous amputation <i>or</i> Significant visual impairment	Active foot Disease: New Ulceration, <i>or</i> Infected existing ulcer <i>or</i> Acute inflammation, Cellulitis/Osteomyelitis <i>or</i> Necrosis/acute Ischaemia <i>or</i> Charcot New, or changes in shape of foot (warm swollen foot) <i>or</i> Painful neuropathy which is difficult to control



<p>1. Annual Review</p> <p>2. Guide to Foot Health leaflet and booklet for self care.</p> <p>If podiatry input is needed:</p> <p>Complete Community Podiatry Referral Form by client or health care professional.</p>	<p>1. May need review sooner</p> <p>2. Guide to Foot Health leaflet</p> <p>If Podiatry input is needed:</p> <p>Complete Community Podiatry Referral Form by client or health care professional.</p>	<p>1. Regular podiatry for foot care</p> <p>2. Guide to Foot Health leaflet</p> <p>Community referral form completed by client / HCP Fax: 01908 274358 Or health care professional stating reasons for high risk Tel: 01908 650450 or 01908 650451</p>	<p>1. Urgent referral to acute health care podiatry specialist team</p> <p>2. Apply temporary dressing</p> <p>Complete Podiatry Diabetes referral form for Urgent – Active Foot disease</p> <p>Fax complete referral immediately to: 01908 243328 or email: medicine@mkhospital.nhs.uk Clinics run: 9-11:30: Tues & Thurs 1.30-3.30: Fridays</p> <p>*See emergency care overleaf.</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Out of hours
Emergency Pathway**
(When podiatry clinic is not open and at weekends)

Active foot disease:

People with diabetes can have active foot disease in various ways-

- New foot ulcers
- Infection in an existing ulcer (not all ulcers are infected)
- Cellulitis
- Osteomyelitis
- Acute ischaemic foot
- New Charcot change (warm swollen foot)
- Change in shape in a foot with existing Charcot

- People with active foot disease should rest their foot and not weight bear.
- If there are clinical signs of infection, commence antibiotics- Flucloxacillin is the antibiotic of choice, but this may depend on previous sensitivities and presence of MRSA.
- People with allergies to Penicillin should be prescribed Erythromycin as a first line.
- Metronidazole may need to be added if there is excessive odour.
- In those who have ischaemia, revascularisation needs to be considered, depending on the clinical urgency.
- Review active feet regularly, and consider admission to hospital early if there is no improvement.

Orthotist -if shoe needed **Tel. 660033** (Acute Trust) Referral letter or completed referral form from MKFHT intranet site. These are only accepted if they come from a GP or Consultant.

Urgent Referral

<p>CRITICAL ISCHAEMIA Which could include</p> <ul style="list-style-type: none"> • rest or night pain • pale/mottled feet • ischaemic ulceration • gangrene <p>TEL: 01908 660033 ON CALL SURGEONS</p>	<p>SEVERE INFECTION</p> <ul style="list-style-type: none"> • abscess • cellulitis <p>TEL: 01908 660033 ON CALL MEDICS</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Codes for Foot Screening

Please refer to the latest QOF codes in practice for entering data.

6.0 Applicability to quality standards

Policy documents should be assessed to determine which quality standards they relate to (eg CQC essential standards, NHSLA indicators).

The table below should be populated; it is acceptable to remove any standards which do not apply to the policy.

Please ask the Clinical Governance Team for advice if necessary.

Quality Standards: The CQC Essential Standards for Quality & Safety		
Section	Description	Applicability
1 Involvement and information	Respecting and involving people who use services. Consent to care and treatment. Fees.	A patient representative will be involved in the production of the guideline. The guideline will be accessible to all adults via the MK Diabetes Care web site (when active).
2 Personalised care, treatment and support	Care & Welfare of service Users. Nutritional needs. Other Provider Co-operation.	The correct referral procedure for adults with diabetes will ensure appropriate individualised care.
3 Safeguarding and safety	Safeguarding people who use services from abuse.	This guideline is for use by trained health care professionals.
4 Suitability of staffing	Requirements relating to workers.	Training and annual updates for implementing the guideline as required.
5 Quality and management	Statement of purpose. Quality provision. Complaints. Notification of Death and incidents.	Audits of the use of the guidelines to be done annually (PCT audit).
6 Suitability of management	What providers must do to show they are suitable to run services and keep the CQC informed about relevant changes.	Keep appropriate records, have systematic recall for people with Diabetes for annual reviews and participate in audit.

7.0 Approval and ratification

PCT Board and Commissioning Board

8.0 Dissemination

- The document will be sent /emailed to all relevant Health Care Professionals in primary care and placed on the MK Diabetes Care website (when live).
- Health care professionals will be informed of the document at relevant educational meetings.
- All Diabetes Network members will be notified of its existence and consulted in any review/update.

9.0 Implementation

The guideline will be implemented in all General Practices across Milton Keynes. Advice and training will be available from MK Diabetes Care which will be advertised via e-mail and the MK Diabetes Care website (when live).

10. Monitoring and Evaluation

Give Brief details of how the policy will be monitored, using the table below.

Who carries out monitoring?	An audit of the QOF for diabetes foot care will conducted annually by PCT Audit facilitator/ MK Diabetes Care
Aspects to be monitored	QOF requirements for annual foot assessments for adults with diabetes
When will the monitoring be performed?	Annually
How are you going to monitor?	MK Diabetes Care team will analyse the annual QOF results
What will happen if any shortfalls are identified?	Further training and updates will be offered. If resource limitations identified, to ensure practices are adequately resourced
Where will the results of the monitoring be reported?	Across all General Practices in MK and to the MK Diabetes Network.
How will the resulting action plan be progressed and monitored?	MK Diabetes Care will facilitate training and practical support for health care professionals who carry out the annual foot assessments for adults with diabetes.
How will learning take place?	Annual training updates for foot care assessments provided by MK Diabetes Care and the Podiatry Dept. Supervision and support for all health care professionals in practice.

11. Review, document control and archiving arrangements

This policy will be reviewed by MK Diabetes Care/Podiatry Dept on an annual basis or sooner if NICE/ local guidelines change. Any suggested amendments will be agreed via the Diabetes Network. MK Diabetes Care is responsible for version control and previous documents are stored on 'G' drive at NPMC where MK Diabetes Care is based.

12. Other Evidence / References

National Institute of Clinical Excellence: CG10 Type 2 diabetes. Prevention and management of foot problems. January 2004

<http://www.nice.org.uk/nicemedia/live/10934/29241/29241.pdf>

<http://www.nice.org.uk/nicemedia/live/10934/29243/29243.pdf>

Commissioning Guide April 2012: Foot care service for people with diabetes

<http://www.nice.org.uk/usingguidance/commissioningguides/footcare/footcareservicediabetes.jsp?domeda=1&mid=8C39A53C-19B9-E0B5-D4634E9D2F2B7BFE>

Type 1 2005:

[CG15 Type 1 diabetes in children, young people and adults: NICE guideline](http://www.nice.org.uk/guidance/index.jsp?action=download&o=29390)

<http://www.nice.org.uk/guidance/index.jsp?action=download&o=29390>

13. List of Appendices

1. EIA