Diabetic Foot Provision Barnsley: Update

Aaron Barber

Principal Podiatrist of the High-Risk Foot (BHNFT)

AHP Professional Lead for Podiatry (SWYFT)

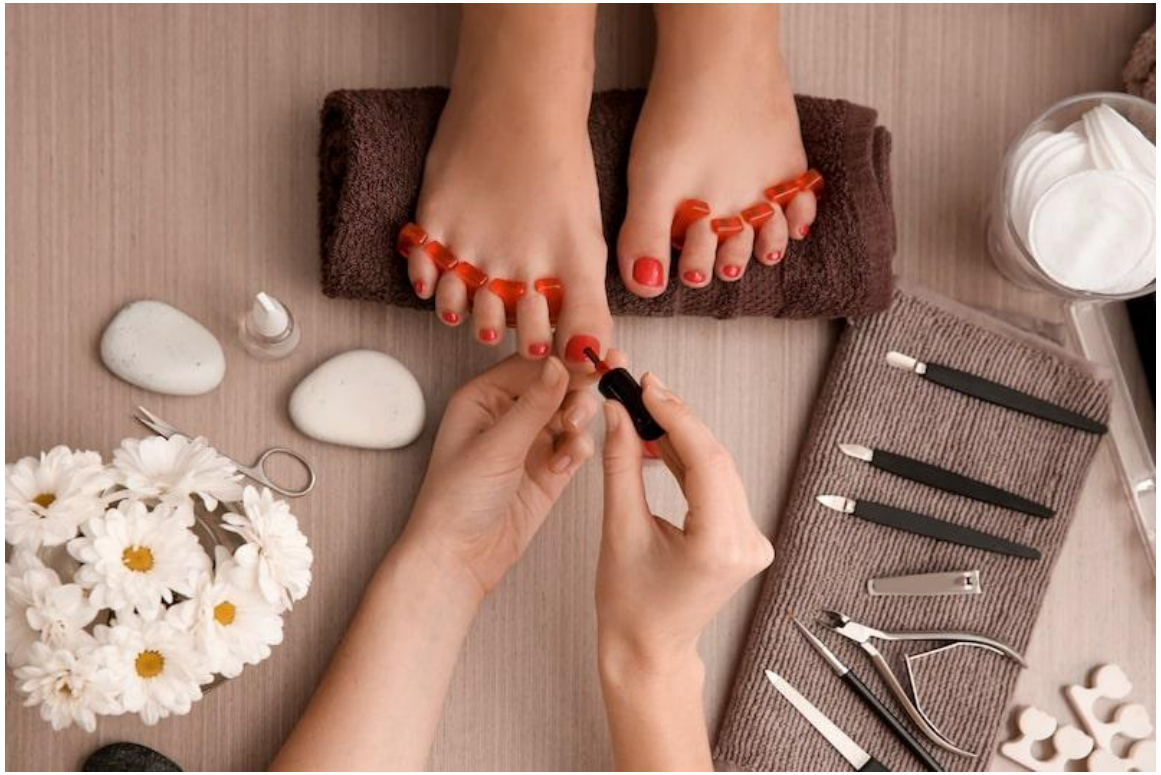
BEST

Barnsley Education Support and Training

What we are and what we are not.

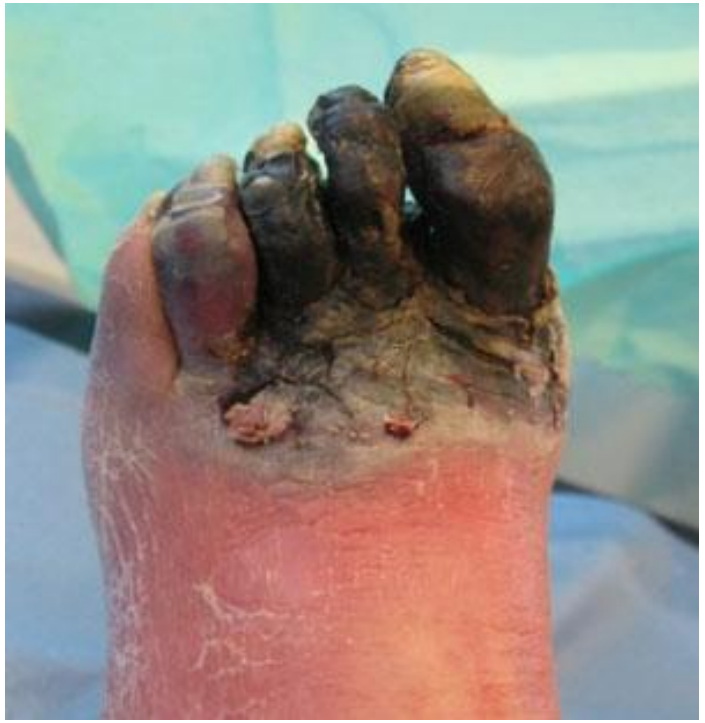
Podiatry

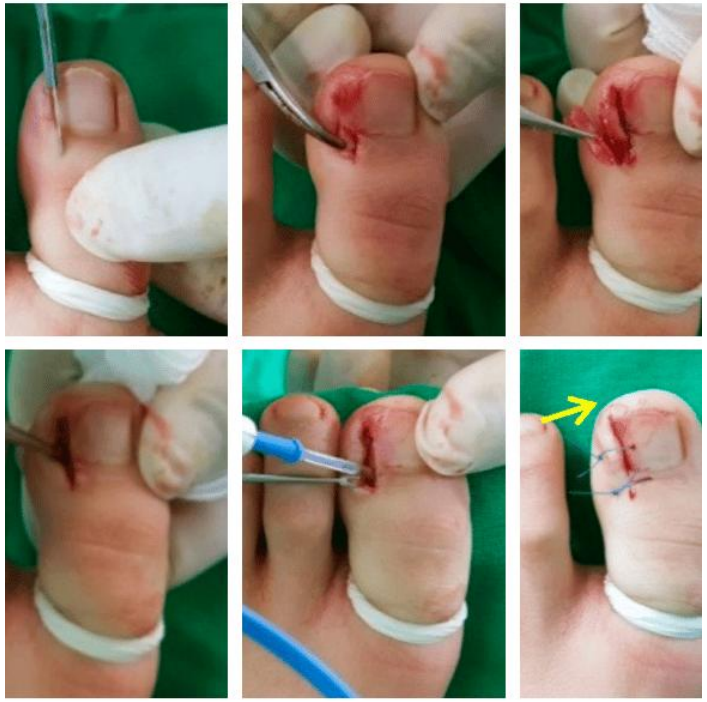
Podiatrist: What my mum thinks I do.

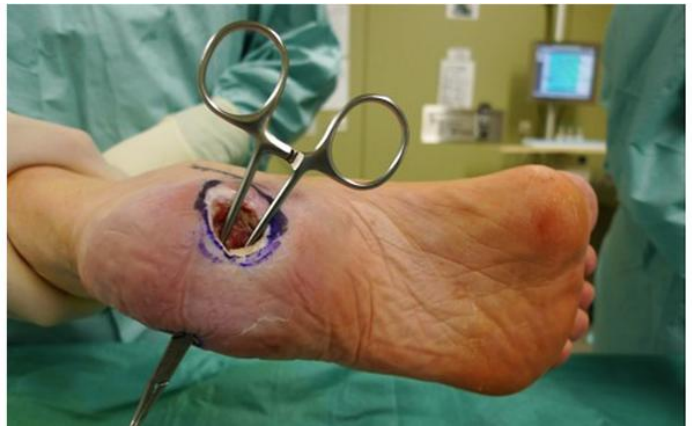


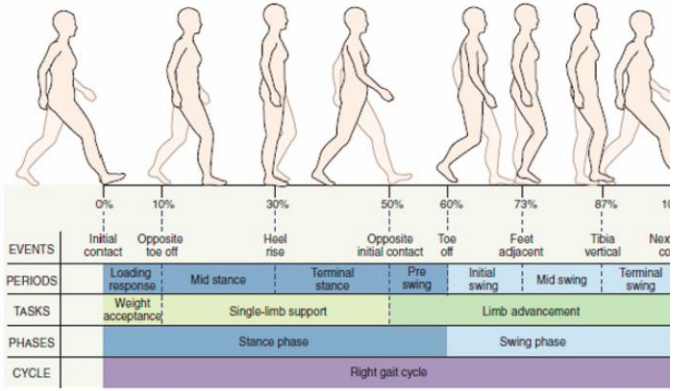
Podiatrist: What the public/NHS thinks I do.

Podiatrist: What I actually do.









Workforce levels of practice

NHS England

Podiatry: Here today, gone tomorrow?

- NHS England has officially designated podiatry as a profession "at high risk of failure" due to severe lack of recruitment into educational programmes, an aging demographic of staff, and graduates bypassing the NHS for independent practice.

Podiatry Workforce: Neighbourhoods & Hospital

- 6 Neighbourhoods: High Risk Foot: Diabetic **& Non-Diabetic**
  - 1 x Advanced Clinical Podiatrist (B7) for every 3 neighbourhoods.
  - 1 x Principal Podiatrist (B8a) across all 6 neighbourhoods.
  - 1 x Community Podiatrists (B5-B6) across 1 neighbourhood.

- Diabetic Foot Clinic: Diabetic Only Caseload
  - 1 x Principal Podiatrist (B8a) across all sectors: OP, Ward, Front Access Dept.
  - 1 x Advanced Clinical Podiatrist (B7)

Diabetic Foot: Barnsley

Who, What, Where and Why?

NHS
South West Yorkshire Partnership Teaching
NHS Foundation Trust

NHS
Barnsley Hospital
NHS Foundation Trust

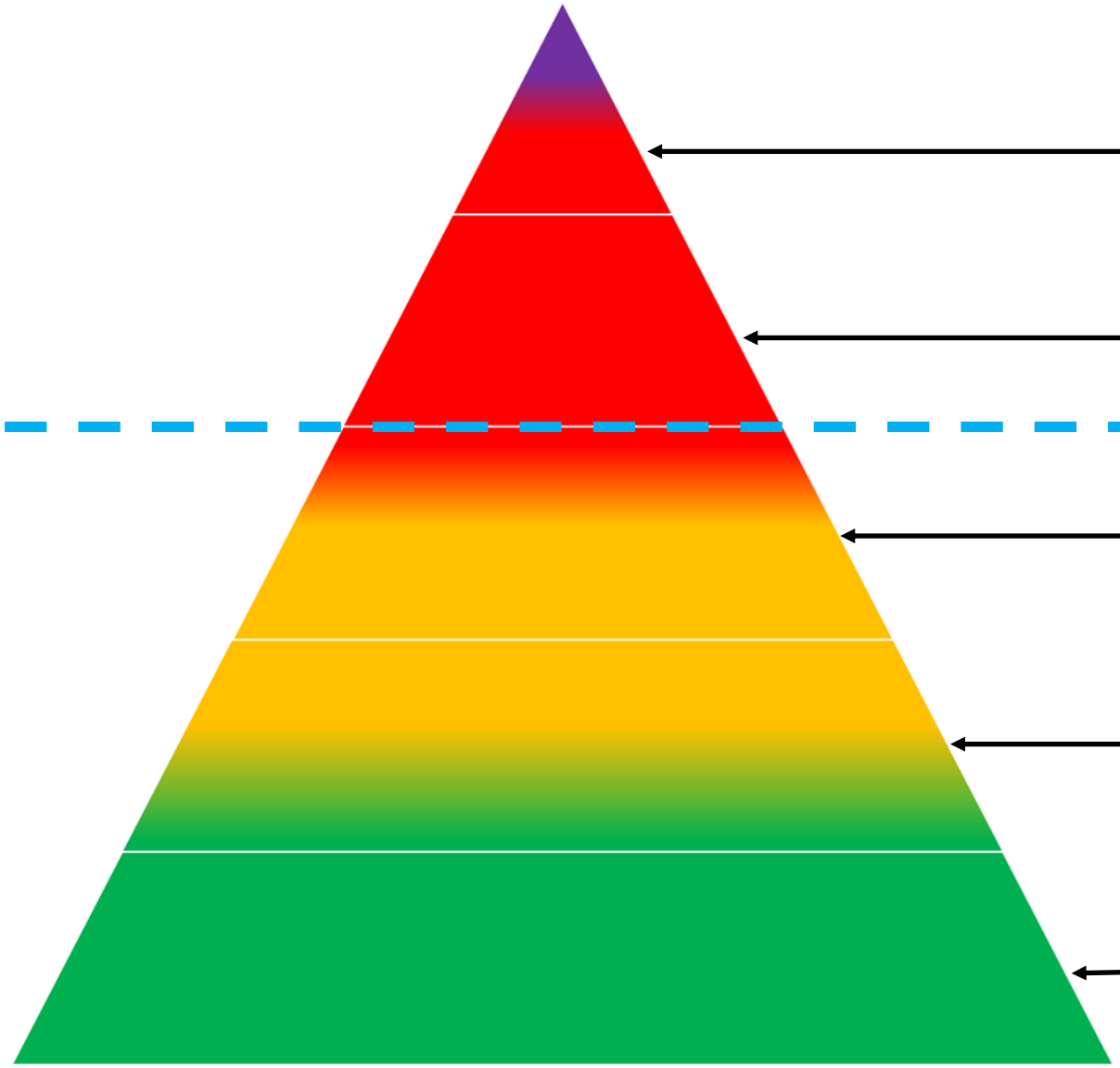
NHS
Sheffield Teaching Hospitals
NHS Foundation Trust

Diabetic Foot Provision in Barnsley

Provision Hierarchy.

NHS
Barnsley Hospital
NHS Foundation Trust

NHS
South West Yorkshire
Partnership Teaching
NHS Foundation Trust



Diabetic Foot Clinic

(Consultant Podiatrist, ACP Podiatrist & Medic)

Diabetic Foot Clinic

(Consultant Podiatrist and ACP Podiatrist Lead)

Advanced HR Foot Clinics

(Consultant Podiatrist and ACP Podiatrist)

Senior Podiatrist Clinics

(Podiatrist)

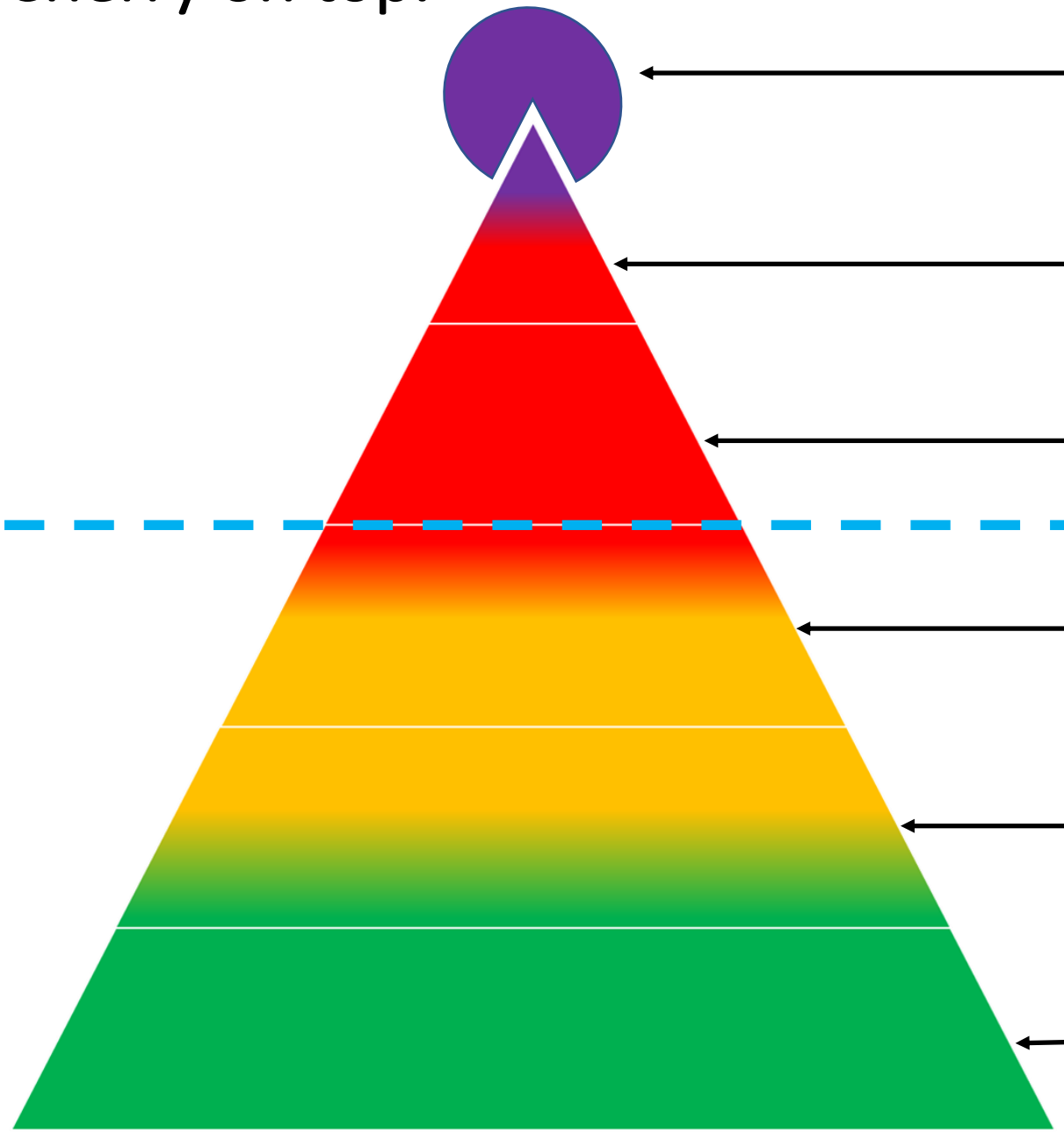
Dressing Clinics

(Podiatry Assistants or HCAs)

Provision Hierarchy – Cherry on top.

NHS
Barnsley Hospital
NHS Foundation Trust

NHS
South West Yorkshire
Partnership Teaching
NHS Foundation Trust



DFCMDT

(Consultant Podiatrist, ACP Podiatrist & Medic & Vascular Surgeon & Podiatric Surgeon)

Diabetic Foot Clinic

(Consultant Podiatrist, ACP Podiatrist & Medic)

Diabetic Foot Clinic

(Consultant Podiatrist and ACP Podiatrist Lead)

Advanced HR Clinics

(Consultant Podiatrist and ACP Podiatrist)

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(Podiatrist)

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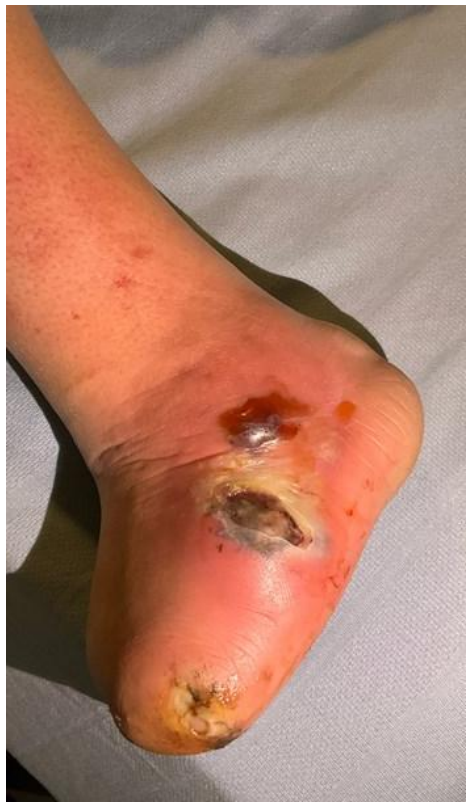
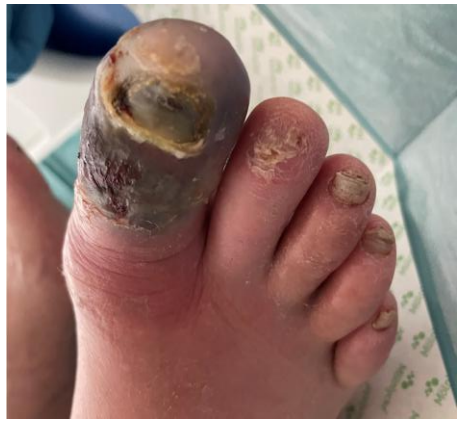
Referrals

NHS
Sheffield Teaching Hospitals
NHS Foundation Trust





"Critical Limb Ischaemia"

Diabetic foot problems: prevention and management

NICE guideline | NG19 | Published: 26 August 2015 | Last updated: 11 October 2019

1.4 Diabetic foot problems

Referral

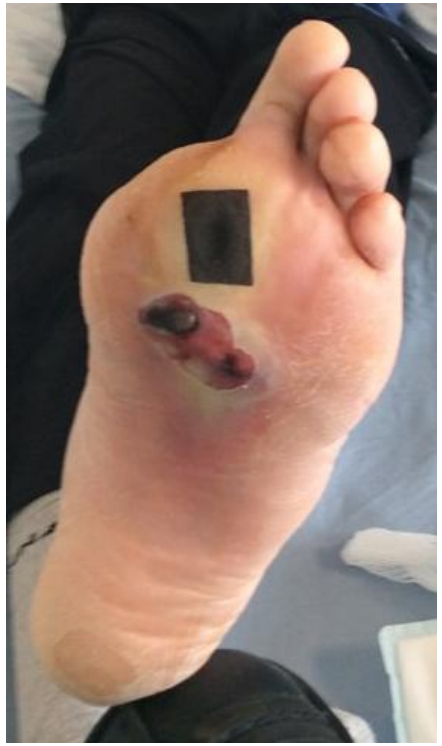
1.4.1 If a person has a limb-threatening or life-threatening diabetic foot problem, refer them immediately to acute services and inform the multidisciplinary foot care service (according to local protocols and pathways; also see the recommendation on services and protocols commissioners and service providers should ensure are in place), so they can be assessed and an individualised treatment plan put in place. Examples of limb-threatening and life-threatening diabetic foot problems include the following:

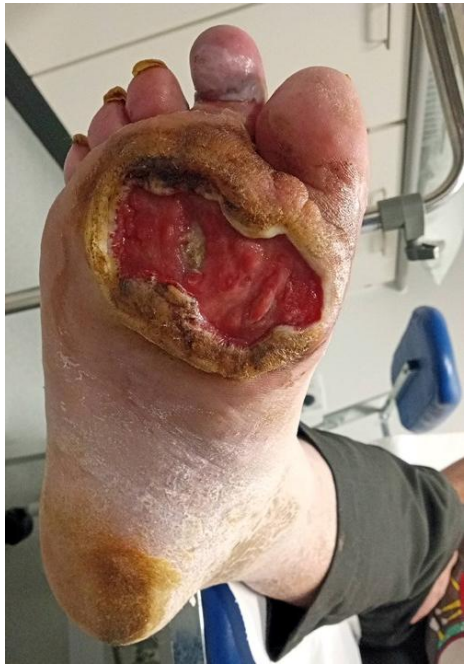
- Ulceration with fever or any signs of sepsis.
- Ulceration with limb ischaemia (see the NICE guideline on peripheral arterial disease).
- Clinical concern that there is a deep-seated soft tissue or bone infection (with or without ulceration).
- Gangrene (with or without ulceration). **[2015]**

1.4.2 For all other active diabetic foot problems, refer the person within 1 working day to the multidisciplinary foot care service or foot protection service (according to local protocols and pathways; also see the recommendation on services and protocols commissioners and service providers should ensure are in place) for triage within 1 further working day. **[2015]**

Referrals

NHS
Barnsley Hospital
NHS Foundation Trust





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NHS
Barnsley Hospital
NHS Foundation Trust

NHS
South West Yorkshire
Partnership Teaching
NHS Foundation Trust

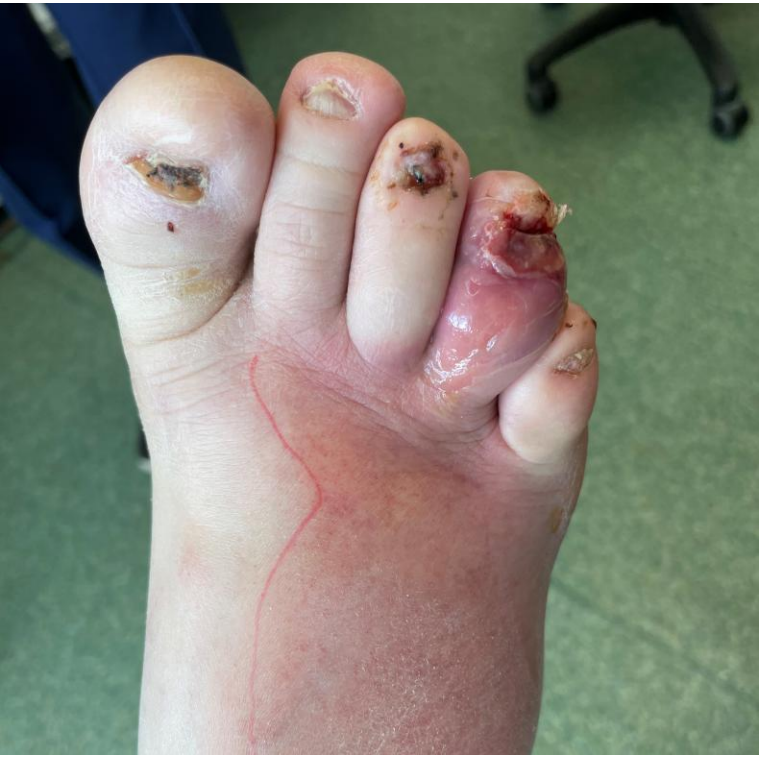
Directory of Service

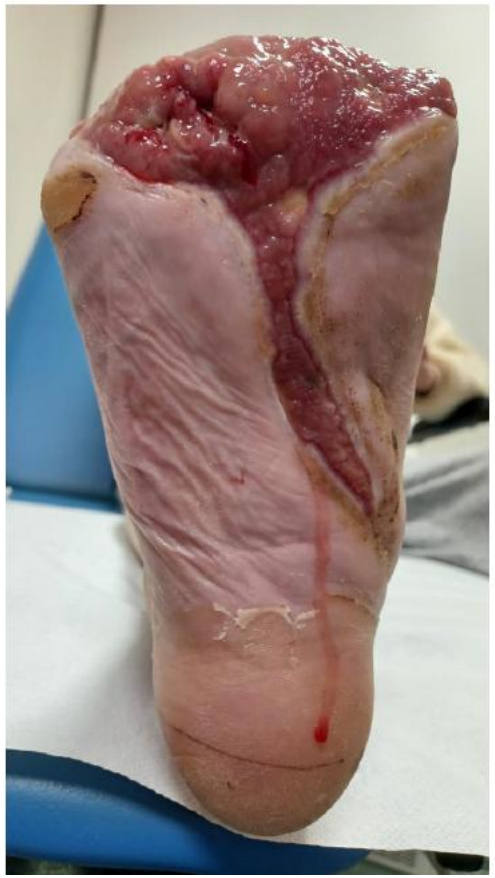
Barnsley Hospital
NHS Foundation Trust

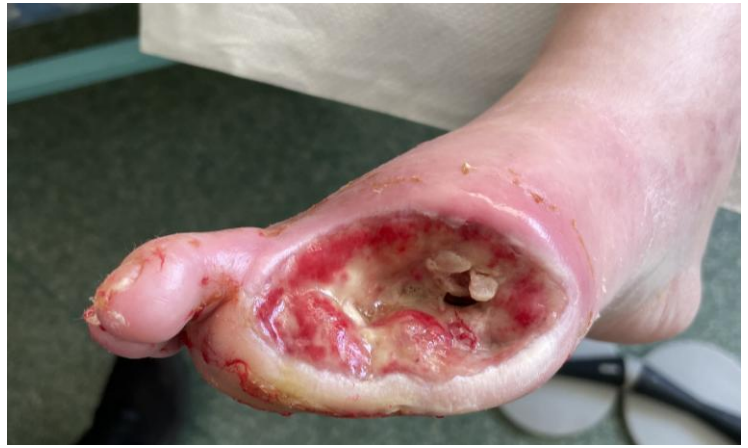
Diabetic Foot ulcerations that require medical and advanced podiatric assessment and treatment.

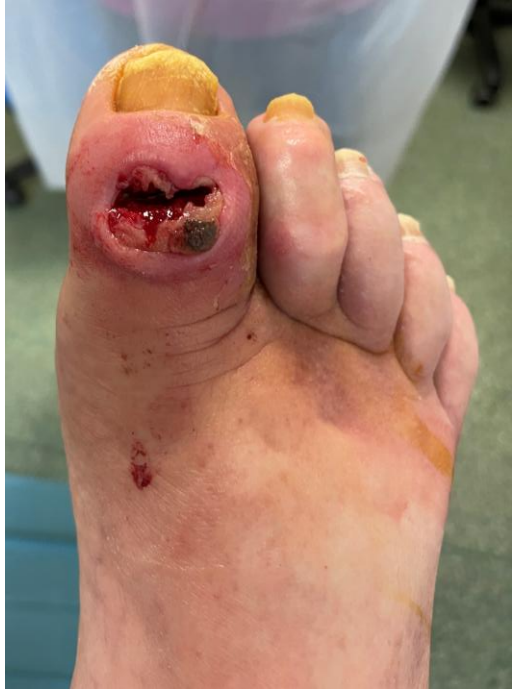
- Acute Ulceration +/- significant tissue loss with threat of amputation
- Acute low risk ulcerations that have not responded to first line treatment by a community service or has significantly deteriorated.
- Chronic Ulcerations that have been reassessed and reviewed by a senior clinician of the Podiatry and Foot protection Service
- Diabetes Foot infections: IWGDF Graded 2 and above
- Charcot Neuroarthropathy: All suspected and diagnosed
- Post Operative surgical wounds as a result of a Diabetic Foot Infection/Ulceration.

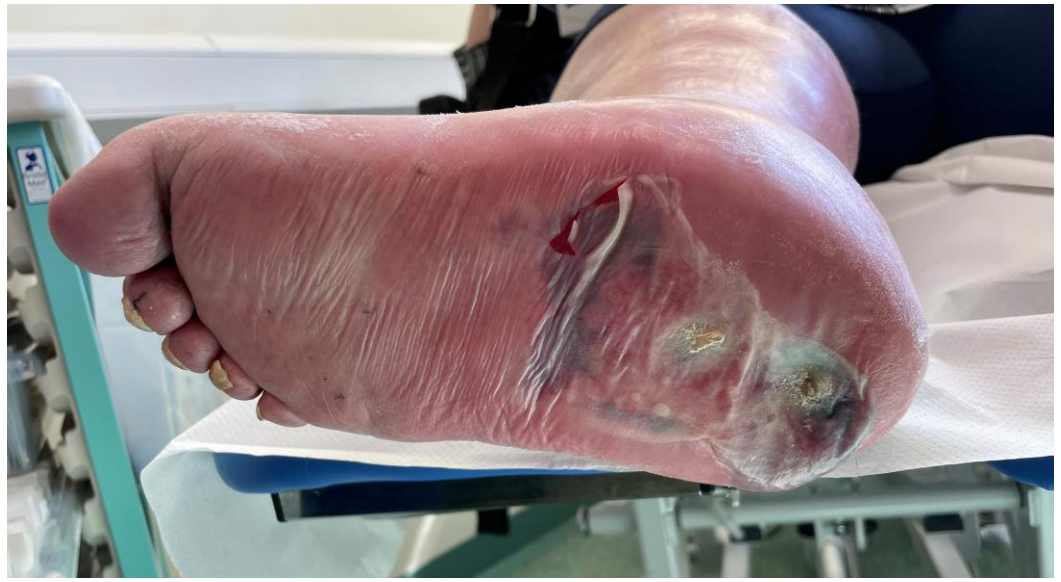
DoS Acceptable Pathologies





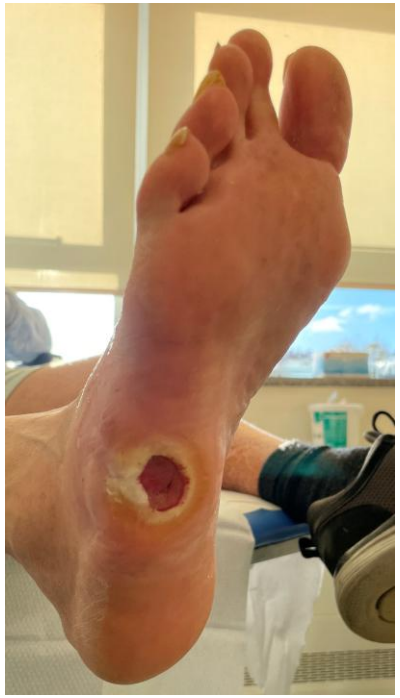


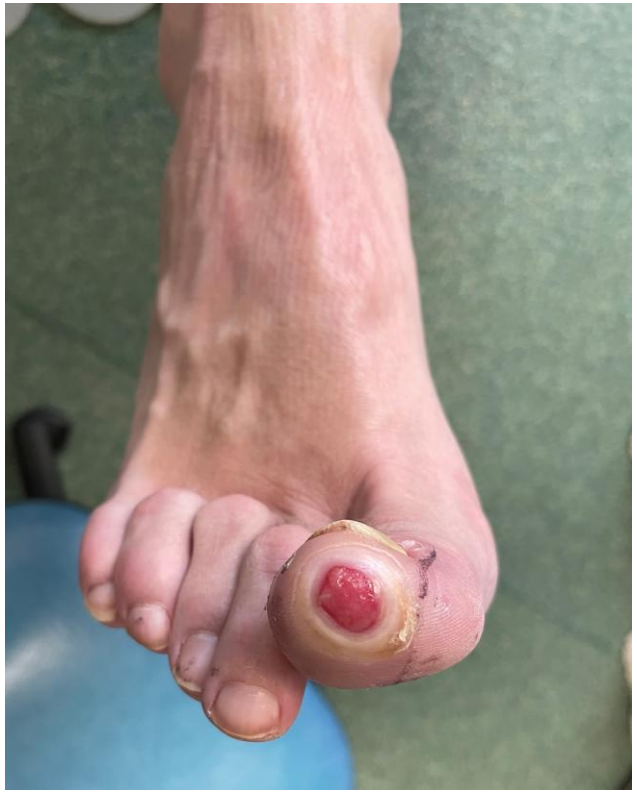


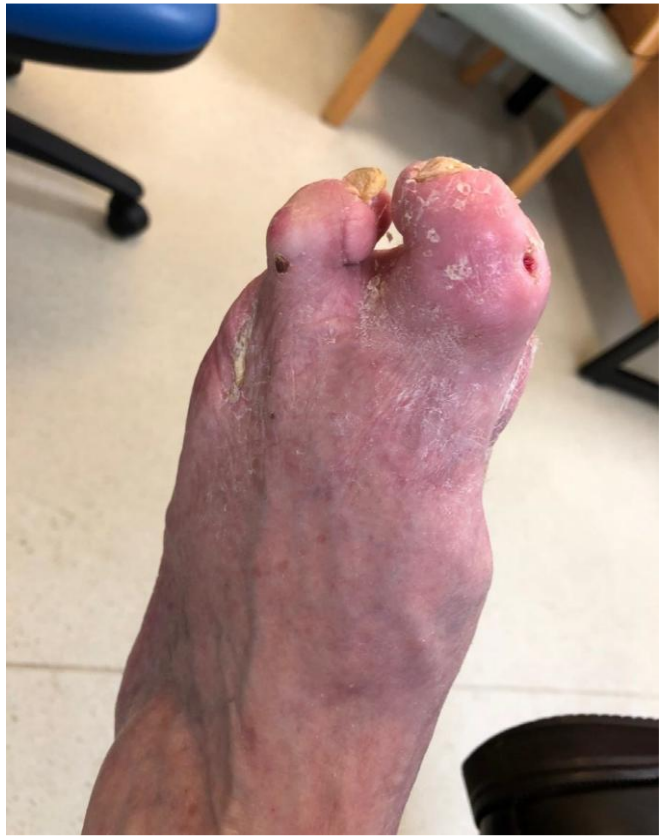


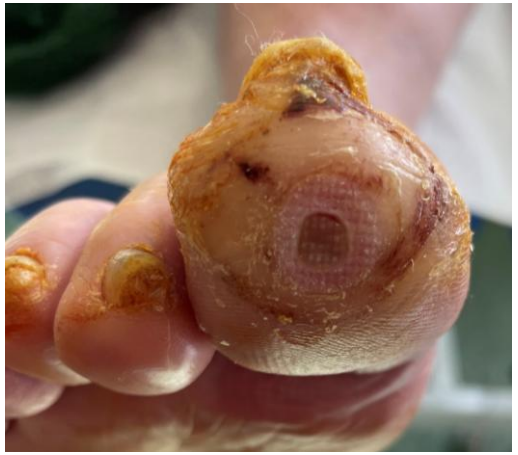
Podiatry & Foot Protection Referral

South West Yorkshire Partnership Teaching NHS Foundation Trust









Diabetic Foot Provision

The next “step” – pun fully intended!

What is needed.

- Pr … at
  Ki
- Cr … uced
  m … nd
  pc
- M … dy
  m

ARTICLE

What are the core services that a person with an active diabetes foot problem should expect from the multidisciplinary diabetic foot team? A Position Statement from the ZAP Amputation group of FDUK (Foot in Diabetes: UK)

Michael Edmonds, Jayne Robbie, Catherine Bewsey, James Chan, Matthew Cichero, Luxmi Dhoonmoon, Krishna Gohil, Igor Kulbelka, Louise Morris, Christian Pankhurst, Ngwe Phyo, Andrew Sharpe and David Russell

Citation: Edmonds M, Robbie J, Bewsey C et al (2025) A Position Statement from the ZAP Amputation group of FDUK. *The Diabetic Foot Journal* 28(1): 7–18

Key words

- Care
- Diabetes
- Foot
- Multidisciplinary team

Article points

1. Reduce amputations in people with diabetes by promoting prompt access to expert assessment and treatment
2. Specialist intervention should be co-ordinated by the multidisciplinary diabetes foot team
3. Podiatrists are the gatekeepers of foot care for people with diabetes, and this is reflected in their essential and unique role as interventionists and service co-ordinators.

The aim of the Zero All Preventable (ZAP) Amputation group is to reduce amputations by promoting prompt access to expert treatment. It has previously considered the delays which act as a barrier to people with diabetes accessing a specialist diabetes foot service. The present paper describes how a specialist diabetes foot service should provide expert care in response to the complex and aggressive natural history of tissue damage in the diabetes foot. The paper affirms that the specialist service should be delivered by the Multidisciplinary Diabetic Foot Team (MDFT) and describes the optimum organisation of such an MDFT, accepting that this may be influenced by local factors. Nevertheless, whatever the location, the skills of multiple disciplines are required in the care of the foot in diabetes. The paper describes the role of podiatrists, diabetologists, vascular specialists, orthopaedic, podiatric and plastic surgeons, microbiologists/infectious disease physicians, nurses, clinical/counselling psychologists, mental health liaison nurses, orthotists and plaster technicians as members of the multidisciplinary team. These roles need to be co-ordinated within the MDFT, which should provide oversight, as well as input into the care of people with diabetes and foot problems. Ideally, the MDFT should be standardised and fully commissioned.

The goal of the Zero All Preventable (ZAP) Amputation group is to reduce amputations

Team (MDFT) and it is important to consider the required personnel and structure of such an MDFT.

2000(ish) to 2021(ish)

Key points from the document:

- **Multidisciplinary Team Structure**: Effective functioning of the Multidisciplinary Diabetic Foot Team (MDFT) requires contributions from healthcare professionals across various disciplines working within a defined team structure. ✗
- **Podiatrist Leadership:** A senior-level podiatrist, preferably a consultant podiatrist, should act as a joint clinical lead of the MDFT alongside the diabetologist. Podiatrists are pivotal in providing expert debridement, wound care, offloading services, and coordinating care. ✗
- **Diabetologist Role:** jointly lead the MDFT, managing metabolic control, diabetic complications, infections, and comorbidities, while collaborating with other specialists. ✓
- **Vascular Specialists**: Crucial for managing ischaemia, including surgical debridement and revascularization. Endovascular and surgical bypass procedures should be available in hub and spoke hospitals. ✗
- **Podiatric Surgeons**: Perform surgical debridement of infection and correction of all foot, including Charcot, deformities, with closer integration into the MDFT recommended. ✗
- **Microbiologist/Infectious Disease Physician**: Provide diagnostic and treatment advice for foot infections, ensuring timely and targeted antibiotic therapy. ✓
- **Orthotists**: Assess deformities, provide offloading, and orthoses. ✓
- **Plaster Technicians or Orthopaedic Practitioners**: Assist in offloading by applying and managing total contact casts. ✗
- **Orthopaedic Surgeons**: Responsible for acute surgical debridement of infected/ non-ischaemic feet and correction of Charcot foot and forefoot deformities. ✗
- **Plastic Surgeons**: Provide soft tissue coverage through grafts and microsurgical free tissue transfers, playing a critical role in limb salvage. ✗
- **Nurses**: Serve in various roles, including tissue viability, wound care, diabetes foot care, OPAT, vascular care, and mental health liaison. Also blood glucose optimisation, patient education and medicines reconciliation ✗
- **Clinical/Counselling Psychologist**: Address psychological complexities, provide distress screening, and support self-management and treatment adherence or **Mental Health Liaison Nurse**: Detect and treat psychological distress and mental illness, complementing the psychologist's role. ✗
- **Holistic Care Co-ordination**: The MDFT should provide oversight and coordinate care for the entire journey of the person with diabetes (PwD) through episodes care. ✗
- **Community and Primary Care Integration**: The MDFT should work closely with community and primary care services, ensuring prompt expert assessment and treatment to avoid delays. ✓
- **Inpatient and Outpatient Care**: The MDFT should extend its expertise to both outpatient clinics and inpatient ward rounds, ensuring continuity of care. ✗
- **Standardization and Commissioning**: The MDFT should be standardized and fully commissioned to ensure consistent and equitable care across hospitals. ✗

2022(ish) to Now

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Primary Care: Speak to me.

What problems, concerns, changes are you experiencing.

How can we help?

Aaron Barber

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