

In partnership with



Diabetes



Putting feet first: national minimum skills framework

The national minimum skills framework for commissioning
of footcare services for people with diabetes

Revised March 2011

This report is a joint initiative from:

Diabetes UK
Foot in Diabetes UK
NHS Diabetes
The Association of British Clinical Diabetologists
The Primary Care Diabetes Society
The Society of Chiropodists and Podiatrists



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1. Preface

In 2010, more than 3 million adults in England have diabetes (diagnosed and undiagnosed). Disease of the foot remains a major threat to people with diabetes and is estimated to account for 20 per cent of the total cost of diabetes care in UK. There are 70 amputations a week, of which 80 per cent are potentially preventable. Despite this, in 2007/8 nearly a quarter (23 per cent) of people did not have a foot check.

Standards for the delivery of high quality footcare have already been defined by the National Institute for Clinical Excellence (NICE) in 2004. In addition, in March 2011 NICE will publish the **Management of diabetic foot problems - inpatient management**. For such clinical standards to be achieved they must be delivered by appropriately skilled healthcare professionals.

This skills framework aims to help local service providers to deliver high quality footcare services for people with diabetes. The Association of British Clinical Diabetologists, Diabetes UK, Foot in Diabetes UK, NHS Diabetes, The Primary Care Diabetes and Society and The Society of Chiropodists and Podiatrists have worked in partnership to deliver this document.

We are confident that this Framework responds to the need for nationally recognised minimum skills for the commissioning of diabetes footcare services. In doing so the framework provides a supportive and robust quality assurance mechanism to enable those involved in service delivery to ensure that appropriately skilled healthcare professionals give care.



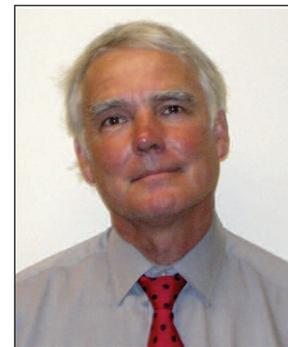
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2. Introduction

Disease of the foot results in chronic ulceration that can take many months to heal, associated infection, gangrene and the ever-present possibility of amputation. In order to reduce this threat, the person with diabetes should have access to a structured service that encompasses each of the following four aspects of care:

- A. Routine basic assessment and care of the foot without any ulcer/lesion**
- B. Expert assessment and care of the foot at increased risk, but without an active ulcer/lesion**
- C. Expert assessment and management of existing ulcer/other lesion (such as the acute Charcot foot)**
- D. Management of the person whose foot ulcer/lesion has resolved.**

This document describes the clinical skills needed to achieve each of these aspects of care, and to which every person with diabetes should have access. It is directed at all those involved in the organisation and commissioning of healthcare services in UK, because the existence of such a structured service is a key feature of good footcare in diabetes. The document was originally produced in 2006 by a working group of Diabetes UK, and the current version is a scheduled update. The new version includes a specification for the Foot Protection and Multidisciplinary Footcare Teams that are essential components of integrated care.

It should be noted that throughout this document the term 'skills' is used to refer to those skills that each person with diabetes should have access to, depending on their need. This document is not intended as a summary of the skills that any individual healthcare professional (HCP) should necessarily have.

A. Routine basic assessment and care of the foot without any ulcer/lesion

1. Identification of risk status

This is usually undertaken by a single healthcare professional (HCP), such as an assistant practitioner, a nurse, a podiatrist or a doctor, who may have limited specialist knowledge. That HCP should have the skills necessary to:

- a. identify the presence of sensory neuropathy (loss of ability to feel monofilament, vibration or sharp touch) and/or the abnormal build up of callus
- b. identify when the arterial supply to the foot is reduced (absent foot pulses, signs of tissue ischaemia, symptoms of intermittent claudication)
- c. identify deformities or problems of the foot (including bony deformities, dry skin, fungal infection) that may put it at risk
- d. identify other factors that may put the foot at risk (which may include reduced capacity for self-care, impaired renal function, poor glycaemic control, cardiovascular and cerebrovascular disease).

2. Provide basic footcare advice and information

The HCP should also have the skills and knowledge necessary to:

- a. discuss with the patient their individual level of risk and agree plans for future surveillance and supported self-management
- b. initiate appropriate referrals for expert review of those with increased risk
- c. advise on action to be taken in the event of a new ulcer/lesion arising
- d. advise on the use of footwear that will reduce the risk of a new ulcer/lesion
- e. advise on other aspects of footcare that will reduce the risk of a new ulcer/lesion
- f. provide relevant information.

3. Management of a newly presenting ulcer/lesion

The HCP who undertakes routine basic assessment and care should also be aware of the need for urgent expert assessment and the steps to be taken to obtain it. Such lesions include all ulcers, the development of unexplained inflammation/swelling of the foot, the development of new pain in the foot and any other problems that cause concern.

B. Expert assessment and care of the foot at increased risk, but without an active ulcer/lesion

Assessment of the foot at increased risk should be undertaken by a HCP who has specialist experience in the management of the foot in diabetes, and who will usually be a member of the Foot Protection Team (see Panel 1, on page opposite). He/she will have the skills and knowledge necessary to:

1. confirm the presence of neuropathy using, for example, 10g monofilament, sharp/blunt discrimination, vibration perception
2. assess the severity of peripheral arterial disease
3. provide treatment of common skin/nail problems
4. discuss and agree a management plan designed to address the increased risk and to support self-management, including:
 - a. provision of specialist education for the patient and their usual carers
 - b. advising on treatments that may be available for neuropathy (including painful neuropathy)
 - c. advising on footwear (including the provision of orthoses)
 - d. taking steps to reduce the risk imposed by peripheral neuropathy, including debridement of callus
 - e. taking steps to reduce the risk imposed by peripheral arterial disease (including referral for further investigation and treatment when appropriate)
 - f. taking steps to reduce the risk imposed by deformity or other problems of the foot (including referral for further investigation and treatment when appropriate)
 - g. arranging for continued surveillance and treatment as determined by the risk status of the individual.

Panel 1

Foot Protection Team

The Foot Protection Team (FPT) comprises a team of healthcare professionals (HCPs) with specialist expertise in the assessment and management of disease of the foot in diabetes. Members of the FPT will work closely with the Multidisciplinary Footcare Team (MDfT) and may also be members of it. The FPT should be contactable by phone, fax or email, and their identity and contact details should be readily available to other HCPs working in the community.

The roles of the FPT may include:

- specialist surveillance of people at risk (including those who are hospital inpatients)
- education of other HCPs in routine examination and definition of the at risk foot
- close liaison with the MDfT
- management of selected cases of foot disease in the community
- sharing care with the MDfT of selected cases of foot disease
- sharing long-term management with other HCPs of people with successfully treated disease
- discussion and agreement of plans to support the patient in managing their condition.

C. Expert assessment and management of existing ulcer/other lesion (such as the acute Charcot foot)

Specialist services should ensure that the expert assessment of all foot ulcers; inflamed foot lesions and newly occurring foot pain is available within one working day or with greater urgency when necessary. Also, specialist services should ensure that non-specialist HCPs are informed of the pathways for such expert referral. The majority of established foot ulcerations require management by a specialist multidisciplinary footcare team (see Panel 2, on page opposite) who have the skills, resources and contacts necessary to ensure:

1. accurate assessment of the factors contributing to the presentation of the ulcer/lesion (including peripheral arterial disease, neuropathy, infection, and relevant medical, personal and social factors)
2. appropriate management of any infection that is present (including admission to hospital when indicated)
3. appropriate further investigation (such as X-ray, MRI, arterial imaging) and intervention (including surgical debridement) when indicated
4. management of the wound-bed to optimise the process of healing (including appropriate debridement and use of surface applications and dressings)
5. protection of the foot or lesion from trauma when indicated (including formal off-loading with total contact casts, commercial cast walkers or similar appliances)
6. appropriate management of the acute Charcot foot
7. that the management of other diseases, complications of diabetes and social and personal factors are considered
8. that the patient and their family and carers are aware of the nature and implications of the condition and the principles of management through the provision of information and education, as appropriate
9. continuing management and review by specialist and non-specialist HCPs, together with the patient and their carers, as appropriate.

Panel 2

Multidisciplinary Footcare Team

The Multidisciplinary Footcare Team (MDfT) comprises specialists with relevant complementary skills who work either together or in close communication with each other. The team must include, or have ready access to, members of the following specialist groups:

- medical: diabetologists
- surgical: vascular, orthopaedic and plastic surgeons
- other medical staff including microbiologists
- diagnostic and Interventional radiologists
- podiatrists and podiatric surgeons
- diabetes specialist nurses
- plaster theatre nurses
- other nursing staff
- orthotists.

The team should have an identified clinical lead.

Members of the MDfT will usually be based in a hospital and members will be readily available for consultation with other health care teams. They will be referred outpatients with active foot disease within one working day of presentation, and inpatient within 48 hours of admission to hospital. In some cases this referral may be directed to members of the FPT.

The roles of the MDfT include:

- consultation concerning the prevention or management of active foot disease of hospital inpatients
- supervising the management of selected cases with active foot disease of both inpatients and outpatients
- coordinating care and education of foot disease in diabetes.

D. Management of the person whose foot ulcer/lesion is resolved

Those who have had a foot ulcer/lesion are at greatest risk of developing another one. This includes all those whose ulcers have healed, or which have been resolved by either minor or major amputation. Moreover, average life expectancy is reduced in those who have had a foot ulcer – primarily because of the risks posed by associated vascular disease and other complications of diabetes. It follows that the person who has had a foot ulcer requires planned follow-up to ensure that the:

1. recurrence or the development of new ulcers is reduced by:
 - a. provision of specialist education for the patient and their usual carers
 - b. advising on footwear (including the provision of orthoses)
 - c. minimising the impact of peripheral arterial disease
 - d. minimising the risk imposed by peripheral neuropathy by, for example, debridement of callus and/or the provision of appropriate orthoses
 - e. minimising the risk imposed by deformity or other problems of the foot, by initiating referrals to other specialists, if necessary
 - f. arranging for continued surveillance and treatment as determined by the needs of the individual. This may be best achieved in a specialist clinic for those who have had previous ulcers/lesions.
2. need for continued protection of the foot is recognised by those managing other aspects of the patient's condition, and is integrated into their overall management plan.

This long-term specialist follow-up must be planned by all involved (including GP and staff, other community HCPs, members of the FPT and MDfT), the patients and their other carers, according to their specific needs.

3. About the Skills Framework Development Group

This document is an revised version of the *National minimum skills framework for commissioning of footcare services for people with diabetes*, originally produced in 2006. The content has been reviewed and updated by the NHS Diabetes/Diabetes UK Expert Reference Group for the Diabetic Foot.

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4. Sources of information and support

Patient information

Diabetes UK publications

- *Taking care of your feet* (product code: 8018)
- *Diabetes for beginners Type 1* (product code: 6015)
- *Diabetes for beginners Type 2* (product code: 6014)

To order any of the above publications or for a **free catalogue** of all our publications visit www.diabetes.org.uk/onlineshop or call **0800 585 088**

Diabetes UK website

For quick and easy access to all you need to know about diabetes visit www.diabetes.org.uk

Diabetes UK Careline

Staffed by trained counsellors, who provide support and information about diabetes. Call **0845 120 2960** or email careline@diabetes.org.uk (please check the costs of calls to 0845 numbers with your phone provider). Or call 020 7424 1000 and ask to be transferred to the Careline.

Feedback

We welcome feedback you may have on this or any of our information. Please email infofeedback@diabetes.org.uk



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