Sumeera Malhotra (centre), Podiatry Clinical Lead for the North West London (NWL) Multidisciplinary team, and Linda Bloomfield, Jane Dunbar, Kristina Robertson and Alex Sangster talk about their footcare work at the Hammersmith Hospital Renal Hub.

Describe your role in around 50 words

SM: I’m the Podiatry Lead for the NHS England funded-NWL Transformation Diabetes Foot Project. I manage a team of specialist podiatrists working across NWL, with over 150,000 people with diabetes. We’re working with footcare teams and service users to improve foot services in hospitals and the community. I work with the Imperial College Healthcare teams, providing diabetes specialist podiatry for inpatients at the NWL Renal Hub at Hammersmith Hospital.

LB: As Principal Podiatrist, I lead the Diabetes Specialist Podiatry Team. We assess, treat and manage both inpatients and outpatients who present with acute diabetes and renal foot complications, which can be limb and life threatening. We play an essential role in the multidisciplinary management of these complex patients.

JD: I am a member of the Imperial College Healthcare workforce team at St Mary’s Hospital Diabetic Foot Unit. I work four days a week in this secondary care multidisciplinary foot clinic, providing evidence-based care and treatment to patients with active diabetic foot disease.

KR: My role as diabetes specialist podiatrist involves working within a multidisciplinary team (MDT), including podiatry, endocrinology, vascular, orthotics and orthopaedics. I provide support and treatment to people with diabetic foot ulceration or Charcot foot. This involves foot assessment, diagnosis, wound interventions and treatment planning, aiming to resolve the problem and maintain mobility.

AS: I’m a diabetes specialist podiatrist working within a secondary care diabetes foot MDT, offering high-standard outpatient and inpatient care to high-risk patients with both diabetes and renal disease, who have active foot conditions. We aim to avoid amputation or premature death, as well as to prevent recurrence and preserve people’s mobility.

How did you come to be interested in diabetes?

SM: My father was diagnosed with Type 2 diabetes when I was 12 years old. Living with, and understanding, diabetes helped me to pursue a career in podiatry. I also feel I can relate to the person with diabetes, because I know it’s not easy to live with the condition and its complications. I attained my Master’s degree in General and Medical Microbiology, and then went on to specialise in diabetes with the Warwick University Diabetes Module. I gained Independent Prescribing status in 2015 to be able to treat the diabetic foot and its infections.

LB: Five years into my career, the opportunity arose to cover high-risk clinics at St Mary’s Hospital. This also included our first monthly clinic. I grew to enjoy the challenges the work offered me, with the opportunity to have a positive impact on patient outcomes being the main driver. This led to my successfully completing an MSc in Diabetes and remaining in the same place of work for 15 years.

JD: I became interested in providing footcare to people with diabetes really because of the potentially devastating
effects of this condition on the lower limb in terms of mobility, quality of life and life expectancy. I realised that podiatrists had a pivotal role throughout foot assessment and treatment to improve outcomes for these patients, and to prevent problems through the application of quality footcare, risk stratification and education.

KR: In my first year of qualifying as a podiatrist, I worked for the NHS in Essex. I realised the serious implications of diabetes on patients’ health and wellbeing. I was able to see how good and regular input from healthcare professionals could actually help to prevent many problems.

AS: Right from the very start of training to become a podiatrist at The London Foot Hospital 25 years ago, I recognised and understood the vital emphasis placed on the importance of podiatry assessment and treatment for those with diabetes.

What is the best thing about your role? And the most challenging?

SM: The best thing about my clinical role is the satisfaction that I get when I have supported the service user with their active foot disease, plus working within an MDT to achieve the best care for the service user. As the Podiatry Lead for the transformation project, it’s been great to get to know other teams and work with them to improve services. The most challenging aspect is my current role, working across other hospitals. The way teams work differs from one hospital to another and there are a lot of different IT systems!

LB: The best thing about my role is the team that I work with. We work well together with our patients to improve patient care. The most challenging thing is the constantly evolving landscape for service provision.

JD: It is great to be a member of an MDT, in which everyone is encouraged to give their opinion about cases, thus ensuring a truly specialist approach. And the most challenging aspects of my job are the lack of time and capacity issues in clinic.

KR: I love being able to communicate with such an amazing cross-section of society – so many interesting and lovely people, who I would not otherwise meet, unless I worked for the NHS. The most challenging thing for me is fitting all my admin duties into the working day, as I would rather be with my patients and colleagues than sitting at a desk!

AS: The best thing? Working within an expert MDT and being valued as an integral part of it. Observing excellent outcomes, which I have been a part of and witnessing patient satisfaction. Worst? The demands on time and capacity, and patient compliance issues.

What have you achieved recently in diabetes care that you are excited about and keeps you motivated?

SM: We’ve created a network of healthcare professionals, service users and healthcare commissioners and we’ve been working together to design and deliver new foot services and improve access to footcare. Working with so many people really committed to improving footcare is a huge motivation. It’s 21 months into our project and it’s been really exciting to see the improvements we’ve achieved by working together.

We’ve reduced amputations and emergency admissions for foot complications. We’ve put in new inpatient specialist podiatry care and improved access to acute foot teams, including an emergency Saturday service at our outer NWL Vascular Hub at Northwick Park. We’ve trained over 800 healthcare professionals and created the foot pages on the KnowDiabetes website, making it much easier for people to find out how to keep their feet healthy and what to do if they have a problem.

We’re also doing lots of work with the NWL Digital team with new IT tools so that we can keep track of how many people have foot problems and how quickly people are being seen by a footcare team. It might not sound very exciting, but it means that we can measure if our improvements are making a difference and tells us where we need to focus our energy and resources.

LB: We run a Diabetes Foot Big Room, which is a quality improvement initiative with a weekly meeting. It is a forum with healthcare professionals from all areas: wards, emergency care, diabetes outpatient clinic, renal clinics and the vascular department. We work together to review issues, formulate development projects and review progress. This keeps me motivated, owing to our achievements, and also feeling part of a larger group of people, who share the same passion and drive to improve services.

JD: Our team was nominated, for the second time, for a Make a Difference Award and, for the first time, for a BMJ Award. We were not successful this time, but we were highly commended.

And I recently completed training as an Improvement Coach through the NHS Quality Improvement (QI) initiative. I found this training highly interesting and it made me feel very enthusiastic about the future of the NHS, with so many motivated people who are pushing change forward.

KR: I have been working as a diabetes specialist podiatrist for one year now, and I learn so much each day in clinic. I am very excited about new developments in wound care treatment and treatment for Charcot foot.

AS: I am part of an ongoing QI initiative that occurs weekly on-site, called the Big Room, aimed at improving pathways. Improvements have been noticed and the team has been nominated for GMC and Trust awards, and has been highly commended.

Tell us about any involvement you have with Diabetes UK

SM: I have always recommended Diabetes UK to staff and service users for the best support with diabetes for information and awareness. We, as a team, work closely with representatives, volunteers and staff from Diabetes UK –
Jo Reed, Diabetes Clinical Nurse Specialist (Renal), Imperial College Healthcare NHS Trust, says:

"I am in a unique position of working as a DSN within renal services. Bringing two large services like this together is challenging. However, working collaboratively is not only exhilarating for all of us but ultimately improves patient care."

KR: As a team, we have attempted to improve access for the renal patients within our Trust, who are usually based at another hospital. We now have more frequent ward visits, supported by a local STP initiative. The presence of the renal team at the Diabetes Foot Big Room aims to improve the delivery of care and pathways for these patients. A big challenge is that community podiatry provision is not always set up to successfully manage these patients and limit further disruption. For example, podiatry-provided foot protection is often not available at dialysis units.

AS: For improvement, more joined-up working is required between renal and diabetes teams, and a better podiatry presence is required as a link with dialysis units. The challenges include the resources and capacity within the NHS, and the shortage of specialist podiatrists.

Any tips or final thoughts to share with Update readers?

SM: Always be mindful of others around you, as you don’t always know or realise what they are dealing with or how they are coping with life.

KR: Please always remind those with diabetes to check their feet daily – or check for them if they are not able – as any foot problems are better sorted out earlier rather than later. And, also, advise your patients to be sure to wear well-fitting shoes. Ankle boots and trainers can look stylish and, by not crushing their feet into snug footwear, they will make each day just that bit happier, as well as avoiding any long-term problems.
they have been regular attendees at our Network Days, and participated in workshops that shaped much of the work and outcomes of our project. Also, members of our team have visited local Diabetes UK support groups. Through those groups, many people are now participating in our Diabetes Foot Care Service User Forum.

JD: The Diabetes UK Professional Conference 2018 accepted an abstract from us and, as a team, we worked closely with the charity in our recent inpatient foot awareness week. I have the greatest respect for Diabetes UK and the support that they give to people with diabetes and to the healthcare professionals working with them.

In this issue, we have a special focus on kidney disease and diabetes. What improvements would you like to see in this area?

What are the particular challenges?

SM: Many people aren’t aware that being on dialysis increases the risk of foot ulcers four-fold. And being on dialysis three times a week makes regular podiatry visits difficult, so footcare often gets neglected. The transformation project and my work at the Renal Hub has really helped us think about how we can improve things. Providing routine podiatry reviews on dialysis sites would mean fewer clinic visits for people on dialysis. Podiatry has traditionally been thought of as an outpatient specialty, but foot complications need regular specialist podiatry input. So making sure that inpatient podiatry care is formally provided is essential. Healthcare has become increasingly specialised. Renal, vascular, and diabetes podiatry services are often in different hospitals, making joined-up care challenging. We’ve created a Foot Information Hub so that teams in the Renal Hub can liaise with a patient’s local footcare team more easily.

If you’re on dialysis and you have an acute foot problem, it can be really confusing knowing where you can go for help. We need to work with renal and vascular teams, and with commissioners, to ensure that services are designed around the needs of the person with diabetes.

LB: I think there is a need for diabetes specialist podiatrists to be integrated into every renal unit, and for closer links between the podiatry and renal teams.

JD: I would like to see more integrated working between teams in renal and diabetes clinics. An increased specialist podiatry presence in renal teams and on the ground in renal units would overcome a lot of the challenges that patients with kidney disease face.

Please compose a Tweet-style comment for us about the one thing that could improve diabetes care in the NHS:

@Kristina Robertson
Integrated IT systems between community and acute settings so that the patient’s medical care history would be visible to all health professionals involved in delivering care #joinedupcare #instantcommunication #less stress for patient having to relay information

@Sumeera Malhotra
Love your Feet! Know more, do more to improve diabetes footcare www.knowdiabetes.org.uk

@Alex Sangster
Every patient with diabetes should be assessed by a podiatrist at the time of diagnosis. And every patient with diabetes, regardless of location, should have easy access to a specialist diabetes footcare MDT. #postcode lottery

@Linda Bloomfield
Joined-up commissioning of MDT diabetes and renal foot management across all levels of care (community and hospital). #Toomany barriers