First and foremost, we want to thank you all for the work you have been doing over the last few months. We know that you have had to adapt rapidly to keep providing care to your patients with a diabetic foot ulcer and that, for some, there have been tremendous barriers to achieving this. We fully realise that this will be impossible for some to continue to provide data for the NDFA – simply because of all the changes that have been forced on routine care and the extra pressures placed on people working in the front line. But we hope that as many people as possible will continue to register new cases together with their 12-week outcomes. And please remember that there is no need to upload details as each person is assessed. It is very possible to do bulk uploads at a later date and that might make things easier.

Please stay with us and help us demonstrate how foot care services can be improved across the board – both at time of crisis and beyond.

If you would like to share how your service has been adapting foot care to the challenges created by Covid-19 including any barriers and challenges you are facing to do this please get in touch ndfa@nhs.net

Our plans for the audit for 2020
As normal we will be providing you with a data quality report in the summer, so if you are able to continue to enter data these reports will provide you with an accurate picture of the activity in your centre. If you are not able to continue to upload data, please try and capture it locally if you can so it can be entered at a later date.

NHS England have decided not to fund the production of a formal annual report this year, but to focus on improving participation and case ascertainment. However, you will be able to check your own figures against a number of measures that we usually report, by accessing the database and going to the report option.

You will find the following for your organisation:

- Times to expert assessment
- Severity of ulcer at first expert assessment
- Alive and ulcer free at 12 weeks

We are updating the dataset this summer and once entry for the data quality activity has finished, we will be updating the database. We will issue a revised data collection proforma.

Timelines
Deadline for entering data for data quality reports: **Friday 10 July**
Data quality reports sent out to trusts: week commencing 27 July
In response to last month’s NDFA newsletter, services got in touch to tell us how they have adapted to deliver foot care during the Covid-19 pandemic.

Coventry and Warwickshire STP/HCN

We have found that the very much improved communications between primary, secondary and tertiary care and commissioners. Regional diabetes foot care network has helped resolved challenges quickly by knowing who to contact and challenge.

In addition whilst patients/staff are shielding we have seen:

- IT challenges/solutions resolved quickly
- Flexibility to deliver care in a different setting
- The use of MDFT podiatry team who already work in secondary and tertiary and community act as support for less experienced podiatrists to either support virtually or go on home visits to perform deep tissue sampling through the wound on ischaemic feet when patients unwilling to come to hospital due to Covid-19
- Quick advice from vascular consultants and diabetologist (to help support GP prescribing)
- Offloading soft cast removable boots issued at patient’s doorstep or on community visit to minimise appointments/ contact with health care professionals.
- Shielding staff to ring up at risk group to discuss foot risk status and identify of need appointment or can defer.
- Taking on district nurse caseload... some at risk feet that should have and have not previously been referred has led to improved healing and fewer appointments
- Reinstating ambulances for MDFT and diabetes foot community clinics which had been overlooked and stopped at time of emergency

Northamptonshire Healthcare Foundation Trust

The Diabetic and High Risk Community Foot Service (DHRFS) in Northamptonshire have postponed their community podiatry appointments due to the pandemic.

Over 80% of the patients seen by the DHRFS are classed as vulnerable due to diabetes and some diabetic foot team patients are shielded due to organ transplants or being on haemodialysis. Therefore patients are unable to leave their homes due to Government advice. As patients with active diabetic foot disease can deteriorate very quickly without specialist monitoring of their foot condition, the Team needed to move quickly to a new model of delivering care. With the much appreciated help of Information Technology and Information Governance at Northamptonshire Healthcare Foundation Trust, the DHRFS have implemented telemedicine.

Using mobile phones and webcams, podiatrists contact their patients who ‘wave’ their own mobile phone around their foot giving the podiatrist a real time image so they can decide a treatment plan. Using this method, one patient newly referred was recognised to have potentially limb threatening infection and has been admitted to hospital for minor surgery. Without this intervention there was the potential for a much longer admission and more major surgery.

The podiatry team are using the technology with the consultants and vascular surgeons at Northampton General Hospital and Kettering General Hospital to continue to provide highly valued and effective treatments for diabetic foot disease.
Wales

Across Wales management of the diabetic foot is led by the podiatry services as part of the foot protection team and supported by the MDFT. Timely interventions of these emergencies not only prevents further burden on secondary care services but saves limbs and potential lives.

- Focus on only providing care for emergency/urgent and essential cases due to infection or limb threatening conditions (ischaemia) that necessitate timely interventions.
- Services moved/centralised to reduce the impact on the secondary care services and provide support for the most vulnerable cohort of patients.
- Increased use of telephone triaging and virtual clinics to support patients’ self-care and maintain social distancing/isolation,
- Step down approach where admission has been necessary to support earlier discharge of patients to further reduce bed occupancy at this time of crisis.

The All Wales Diabetic foot network with agreement from the Heads of Podiatry have set up a support network group for clinicians to ensure peer support and advice across Wales as required.

Bolton NHS Foundation Trust

- Appointments have been spaced out in order to reduce the footfall in the waiting room and to ensure social distancing.
- Extended time between follow up appointments for some patients. In this case, they have been asked to sign a shared care agreement. Instructions, dressing packs and dressings have been provided for these patients together with emergency contact details.
- Set up NHS Anywhere to triage new referrals and if patients have any concerns or require advice/help regarding application of dressings in between appointments.
- The patient transport to the diabetes centre was stopped at the beginning of the pandemic. We therefore accessed a local taxi who was willing and able to safely transport wheelchair patients. The trust agreed to reimburse these fares to individual patients.
- Photographed all our patients on a weekly basis. The photos have been uploaded onto the PACS system and have helped support MDT decision making.
- The Independent Prescriber podiatrists within the team have continued to prescribe on this outpatient basis which has helped to reduce the number of potential admissions. We have also used PGD dispensing of antibiotics for our more vulnerable patients who would otherwise struggle to ‘cash in’ a prescription at the pharmacy.
- We have had limited support from consultants during this period as they have been based at the hospital so autonomous practice and decision making has been crucial
- Closely monitored those patients who had scheduled surgery cancelled and the Podiatric Surgeon has seen them with us in a joint clinic at the diabetes centre every 2 weeks in order to review and prioritise these patients for surgery accordingly.

Following this pandemic, we will change our practice to continue to promote more shared/self-care. We will also continue to use the NHS anywhere video consulting system to help triage patients and deal with potential concerns in between appointments.