



# DFEET – Diabetic Foot Emergency Early Triage Service.

*Addressing diabetic foot emergencies in a digitally optimised format.*



# Introduction

---

**01**

Since 2018 Cardiff and Vale (CAV) has offered a 'Walk in clinic' (WIC) for patients with diabetes and a foot emergency.

**02**

However, audit and feedback from patients and staff has identified that the current set up of WIC is not equitable or sustainable.



# Introduction

---

**01**

Since 2018 Cardiff and Vale (CAV) has offered a 'Walk in clinic' (WIC) for patients with diabetes and a foot emergency.

**02**

However, audit and feedback from patients and staff has identified that the current set up of WIC is not equitable or sustainable.



# Introduction

01

Since 2018 Cardiff and Vale (CAV) has offered a 'Walk in clinic' (WIC) for patients with diabetes and a foot emergency.

02

However, audit and feedback from patients and staff has identified that the current set up of WIC is not equitable or sustainable.



# DFEET



**ACT NOW!**

**A - Accident**

**C - Change**

**T - Temperature?**

**N - New pain?**

**O - Oozing?**

**W - Wound?**

If you have **DIABETES** and any of the **ACT NOW** symptoms please contact Podiatry 02920 335 134/5 Monday - Friday 09.00 - 12.00 13.30 - 16.00 Your details will be taken and a Podiatrist will call you back.

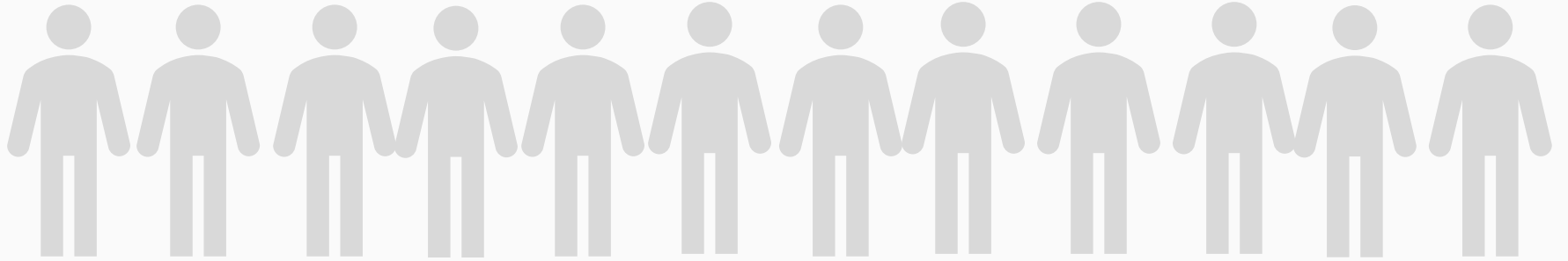
**Foot emergency?**  
Phone first 02920 335 134/135  
This service is not available on bank holidays.

**GIG NHS** Griffiths Institute for Health and Wellbeing  
**Pod. Podia.** Podiatry Podiatry

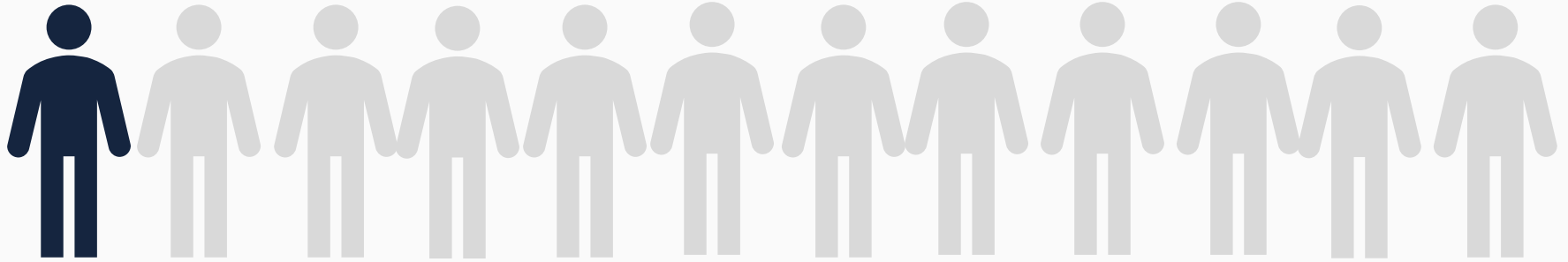
© idealdiabetes.com

- Emergency access 4 x weekly.
- 'Phone first' / video consultation.
- Ascertain urgency, nature of problem, fact finding.
- F2F appointment same day with expert HCP.
- Co-production with PPI with new service.
- Bevan exemplar project with potential to spread and scale across Wales.

# Project Background

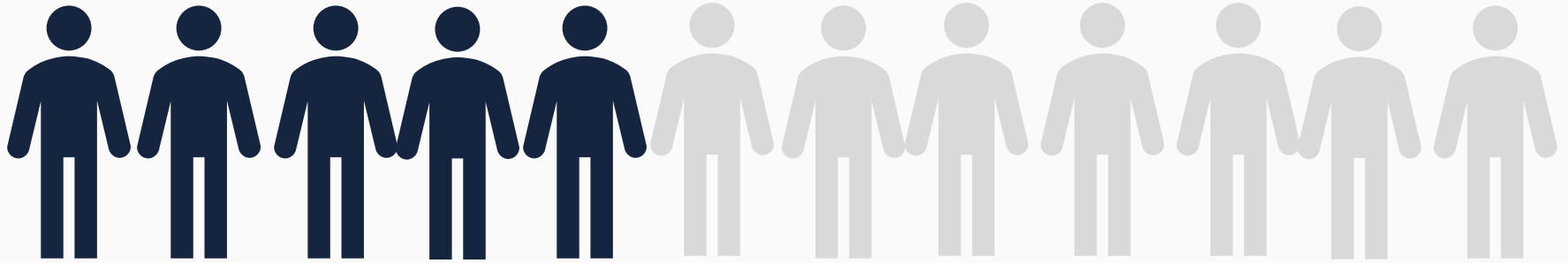


# Project Background



**1 in 12 or 8%**

# Project Background



**40%**

---

**£1 billion**

Diabetes-related foot ulcers  
and amputations

**1%**

Total cost to the  
NHS budget

**2.5%**

Has a diabetic foot  
ulcer

---



# Aims of the project

## Primary Aim



To reduce the number of patients waiting longer than 3 days for their first expert assessment by 20% within the NDFA audit cycle.

## Secondary Aim



To prevent inappropriate A&E attendance and GP contact for diabetic foot related emergencies.

## Longer term



To offer phone first contact to foot wounds of all aetiologies, not just patients living with Diabetes.

## Long term



To spread and scale the tried and tested model across all health boards in Wales.

# Aims of the project

## Primary Aim



To reduce the number of patients waiting longer than 3 days for their first expert assessment by 20% within the NDFA audit cycle.

## Secondary Aim



To prevent inappropriate A&E attendance and GP contact for diabetic foot related emergencies.

## Longer term



To offer phone first contact to foot wounds of all aetiologies, not just patients living with Diabetes.

## Long term



To spread and scale the tried and tested model across all health boards in Wales.

# Aims of the project

## Primary Aim



To reduce the number of patients waiting longer than 3 days for their first expert assessment by 20% within the NDFA audit cycle.

## Secondary Aim



To prevent inappropriate A&E attendance and GP contact for diabetic foot related emergencies.

## Longer term



To offer phone first contact to foot wounds of all aetiologies, not just patients living with Diabetes.

## Long term



To spread and scale the tried and tested model across all health boards in Wales.

# Aims of the project

## Primary Aim



To reduce the number of patients waiting longer than 3 days for their first expert assessment by 20% within the NDFA audit cycle.

## Secondary Aim



To prevent inappropriate A&E attendance and GP contact for diabetic foot related emergencies.

## Longer term



To offer phone first contact to foot wounds of all aetiologies, not just patients living with Diabetes.

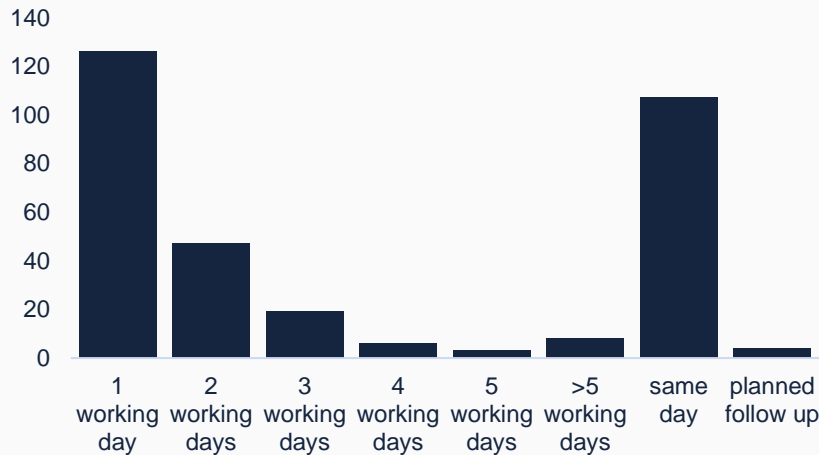
## Long term



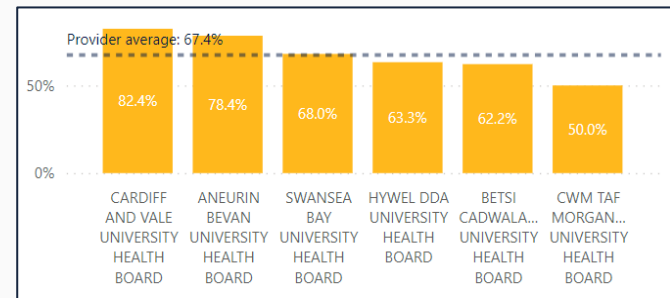
To spread and scale the tried and tested model across all health boards in Wales.

# Project data

How long between referral date and virtual call (working days)?

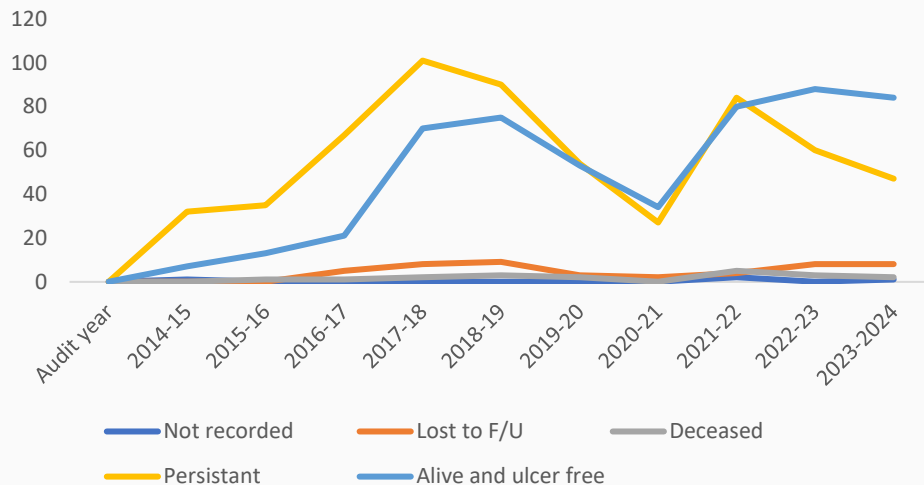


1. **322** Patients reviewed.
2. **93.4%** reviewed within 3 days.
3. Nice NG19 Target within 48 hours – **86.9%**
4. Of those patients reviewed **31%** (n=103) didn't need to be seen by a highly specialist wound podiatrist.



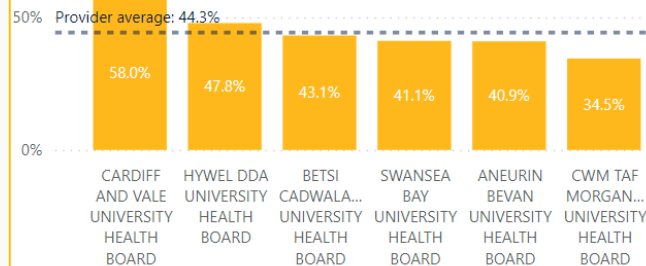
# Project data

NDAFA CAV UHB Outcome at 12 Weeks



## Project Outcomes

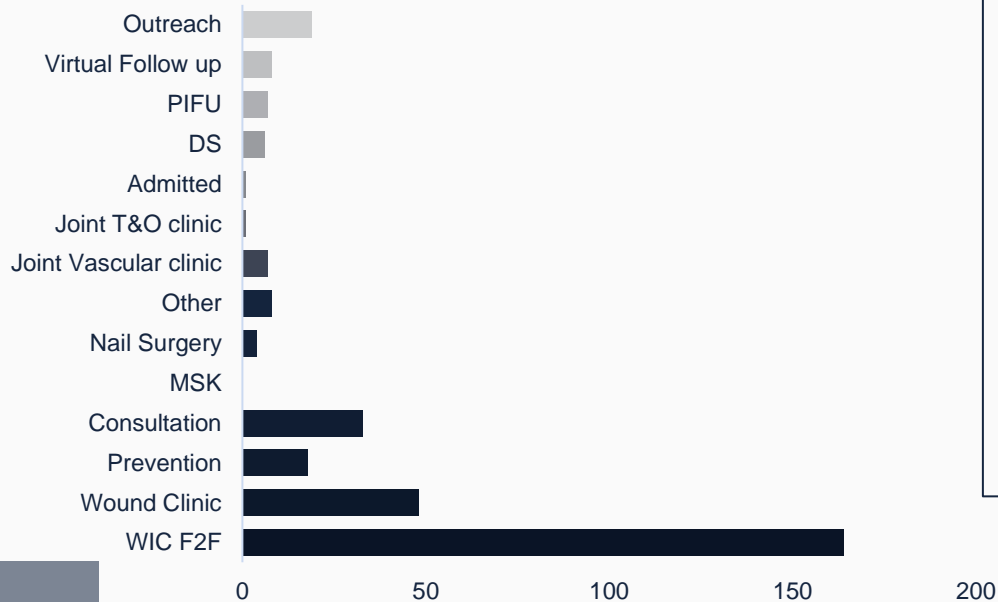
1. **115** patients had a new ulcer (during the evaluation).
2. **47.7%** (n=52) were alive & ulcer free at 12 weeks.
3. **24.8%** (n=27) had an unhealed ulcer.
4. **0.9%** (n=1) deceased.
5. **26.6%** (n=29) lost to follow up or no outcome recorded.



Shaping Our Future  
**Wellbeing**

# The Digital Impact

What clinic was the patient booked into?



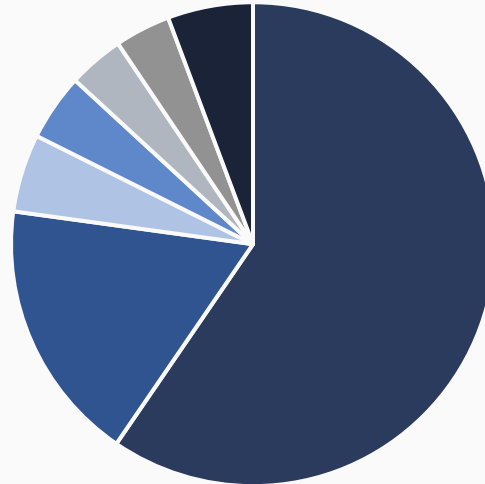
## Digital Outcomes

1. Utilisation of clinical capacity closer to home.
2. Allowed DFEET to treat the greatest clinical need.
3. Provided an effective triage to manage capacity.

# Fulfilling our Secondary aim

## Preventing inappropriate A and E attendance and GP contact

If this service was not available, who else would the patient have contacted?

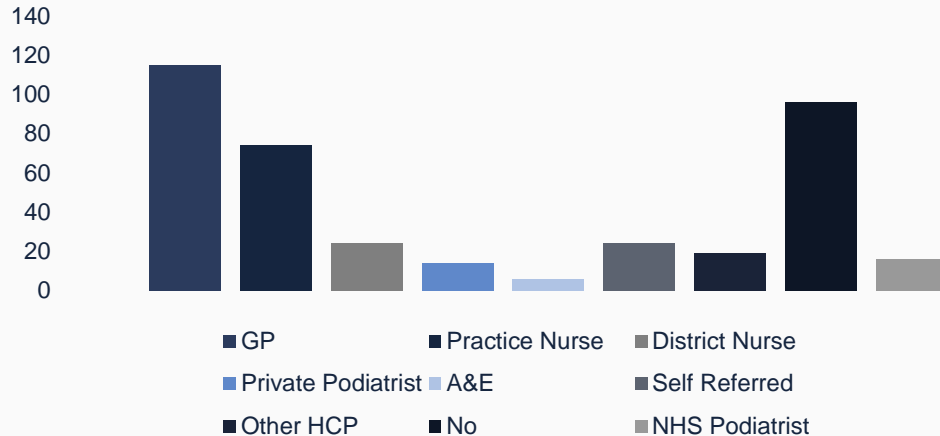


■ GP ■ Practice Nurse ■ A&E ■ District Nurse ■ Other ■ Private Pod ■ Doesn't know



# Fulfilling our Secondary aim

Have they seen a health care professional (HCP) before Podiatry contact?

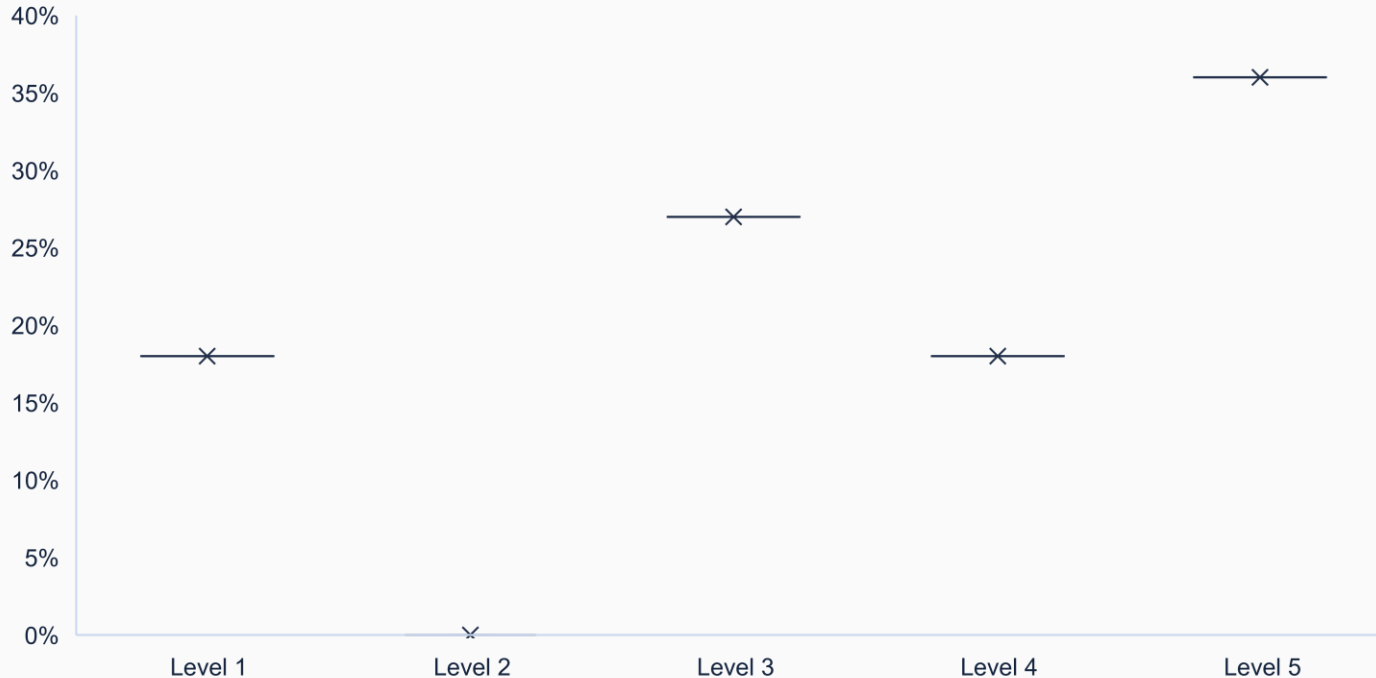


- **61%** of patients had been seen by their GP or Practice nurse prior to DFEET.
- **6** patients had attended A&E.
- However, only **36%** of ACT NOW DFEET posters were advertised in GP surgery waiting rooms.

# Primary Care Data

55% reported that they had used DFEET.

How confident are you in signposting/referring patients through the Diabetic Early Emergency Triage Service? (1- Not confident, 5- Very confident)



# Cost Benefit Analysis

Appointment Type	Unit Cost	7 Month Period	Annual Projection
GP appointment	£233	£75,492	£129,414
DFEET	£64	£20,736	£35,547

If all patients went through GP £129,414  
If all patients went through DFEET £35,547

---

Cost saving £93,867



---

**£93,867**

Annual savings if all patients  
came through DFEET.



## Cost benefit Summary

Prompt access without duplication in care between primary care and podiatry will utilise the independent prescribing program to allow better outcomes and overall savings to the health board.

# Patient Experience



**91%** reported no problems getting through to the podiatry office on the phone.

**9%** reported they need to ring the podiatry office several times.



**100%** of patients rated their experience in a face-to-face clinic as 'very good'.



**100%** achieved what they want to achieve from the appointment.

# Project timeline

Aim for a 5 day working service from Monday-Friday.

Increase DFEET promotion across the UHB.

Ongoing workforce development plan

Spread and scale into English health boards.

**01**

**02**

**03**

**04**

**05**

**06**

**07**

**08**

Business case for all foot wound pathologies.

Further Work to reduce health inequalities.

Spread and Scale across Wales

Continuously improve the product

## Key points



# Conclusion

- DFEET provided direct pathway to prompt access into the diabetic foot emergency clinic.
- Positive correlation between prompt access into the service and wound size reduction and ulcer healing.
- Reduction in GP and A and E visits for a diabetic foot emergency.
- **Target** - embed the appropriate publication across the primary care sector.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

# Any Questions

Comisiwn  
Bevan  
Commission

#BevanExemplar

Driving Change in Challenging Times



[bevancommission.org](http://bevancommission.org)



[bevancommission](https://twitter.com/bevancommission)