

Implementing a Dedicated Inpatient Podiatry Service for Acute Diabetic Foot

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Proposition:

- Financial impact on NHS: cost of Diabetic Foot Ulceration (DFU) and amputation in England is now over £1 billion pounds (Kerr et al 2019)
- Length of stay in hospital for a person with DFU estimated 8 days longer (NDFA,NADIA)
- ONLY 1/3 of people admitted with DFU have a foot examination within 24 hours of admission (NHS digital 2017)



The Challenge

- High rates of amputation and mortality: over 80% of amputations and 80% of deaths within 5 years are linked to DFU
- Delayed care: Patients often experience delays in care and lack of specialist podiatry referral
- Lack of dedicated inpatient podiatry service

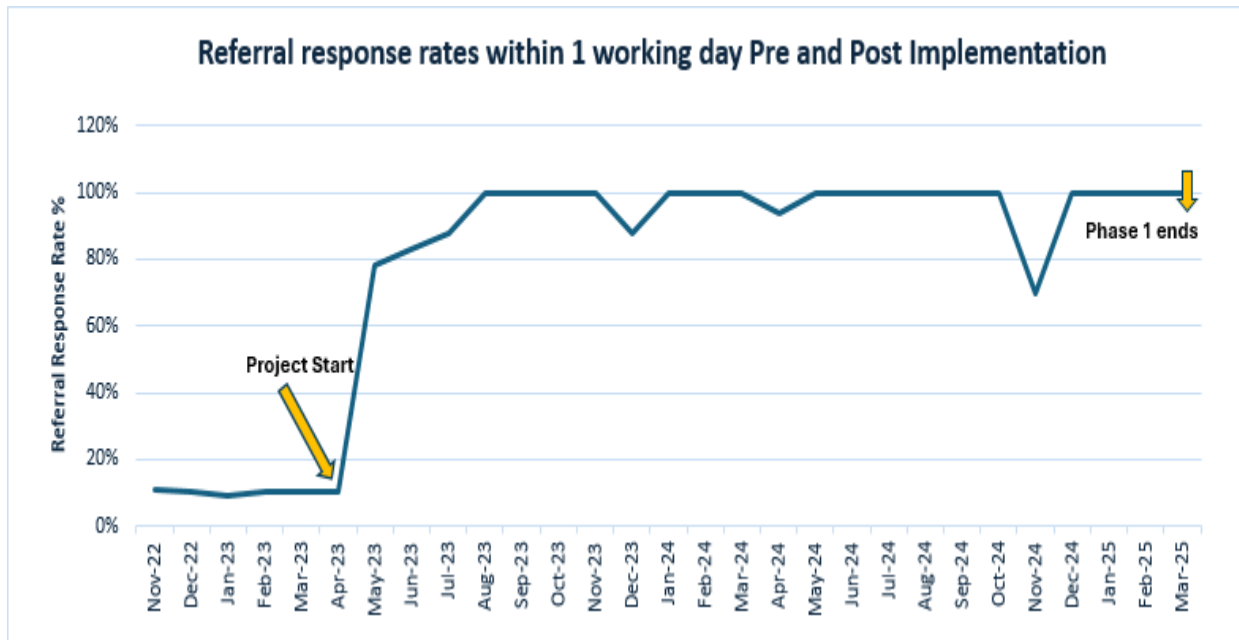
A Solution? Objectives

- Provide timely podiatry intervention for 80% of DFU referrals within 1 working day of admission or on presentation at ED/SDEC
- Coordinate multidisciplinary management of DFU
- Educate staff on diabetic foot risk, assessment and management

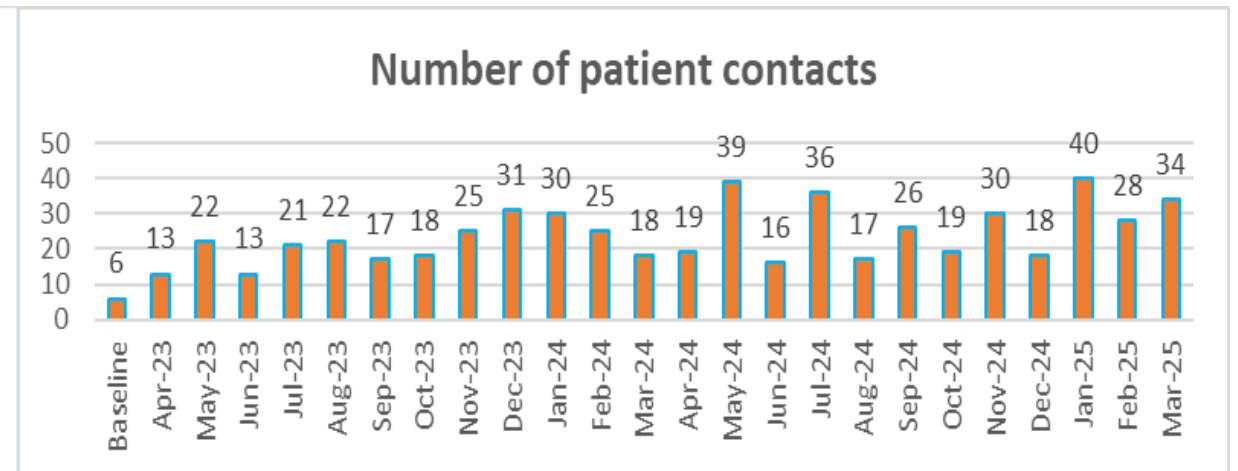
Evidence of Impact

- **Service efficiency**

Referral response rate = 97%



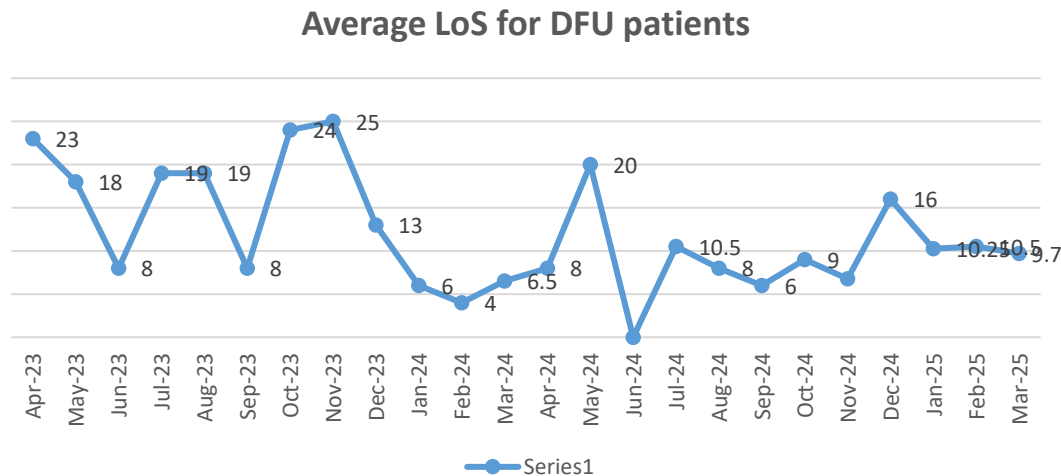
Number of patient contacts



Evidence of Impact

- **Health Outcomes**

Reduced length of stay = 16.5 days



- Reduction in readmissions for DFU within 30 days
- 35% reduction in Hospital acquired DFU
- Reduction in unnecessary admissions for DFU

Evidence of Impact

- **Staff education**

Increased training and awareness of management of diabetic foot risk with ongoing provision of education sessions

- **Testimonials**

“Having a daily inpatient podiatry coordinator has been invaluable for our patients. Care is timelier and more prudent, and multidisciplinary working has improved dramatically.” – Orthopaedic Consultant

“The service has improved continuity of care and shortened length of stay. Patients are reviewed quickly, with management plans in place before medical review.” – Consultant in Diabetes & Endocrinology

- **Patient experience and wellbeing**

Better supported, listened to and involved in their care

Earlier interventions enabled quicker recovery, timely discharge

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Evidence of Impact

- **Financial consideration**
- Reduction in LoS
- Reduction in readmissions for DFU



Implementation

- Scale the model to additional district hospitals within the health board which has already been initiated.
- Secure long -term staffing for inpatient podiatrist to maintain and expand service delivery.
- Continue PREMs and initiate PROMs collection to deepen outcome measurement.
- Improve Welsh language provision to promote inclusivity and equity
- Expand ward education and training on early DFU recognition and referrals
- Developed formal SOPs and referral pathways to embed the model across services
- Maintain biannual audits of performance metrics to support continuous improvement and future planning.



Call to Action

- Significantly effective in improving outcomes for people with DFU
 - Reduced LoS
 - Reduced number of hospital-acquired DFU
 - Reduced readmission rates
 - Improved patient review times
 - Improved coordinated referral process

Get In Touch

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