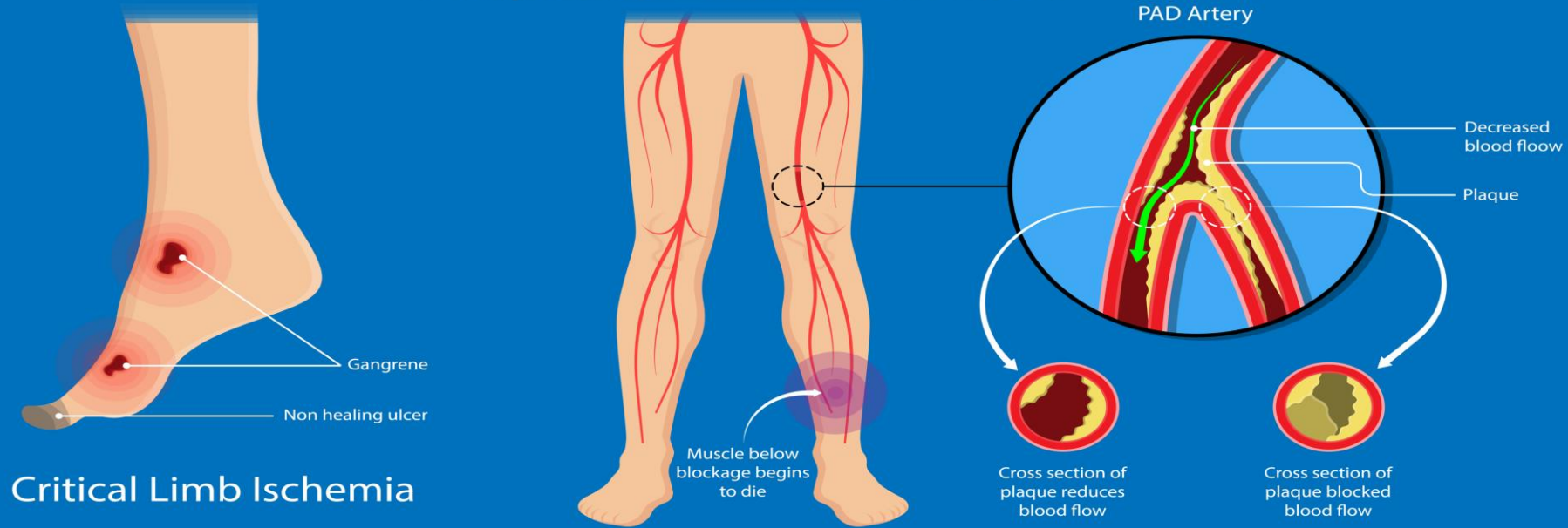


A Podiatry Led Community Vascular Screening Pathway, Improving Peripheral Arterial Disease Diagnosis and Treatment Planning, within Cardiff and Vale UHB

Samantha Waters and Adam Fox

With thanks to Rosie Bacon

Peripheral Arterial Disease



Peripheral arterial disease (PAD) is a build-up of fatty deposits in the arteries restricting blood supply to leg muscles.

It can be blockages, full (occlusions) or partial (Stenosis)

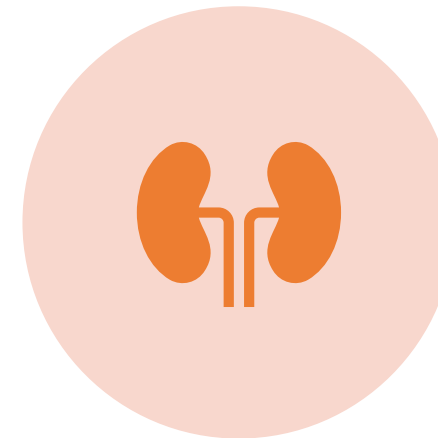
Symptoms can range from colour changes to the feet (blue/purple/pale), weakness in the leg muscles, pain in legs on walking (intermittent claudication), cold feet.



IF TRUE SYMPTOMS ARE CAUGHT EARLY AND
DIAGNOSIS IS GIVEN, PREVENTATIVE MANAGEMENT
CAN REDUCE THE RISK OF SERIOUS
DETERIORATION AND COMPLICATIONS



QUESTION?



IS THERE A BETTER WAY OF PEOPLE HAVING THEIR
REFERRAL REVIEWED AND SEEN FOR NON-URGENT
PERIPHERAL ARTERIAL DISEASE?

Why?



Through joint efforts, it was recognised that vascular consultant surgeons in Cardiff and Vale UHB receive a large number of referrals that do not specifically require urgent or routine secondary vascular care.



These referrals frequently involve vague symptoms such as cold feet, purple toes, or pain.

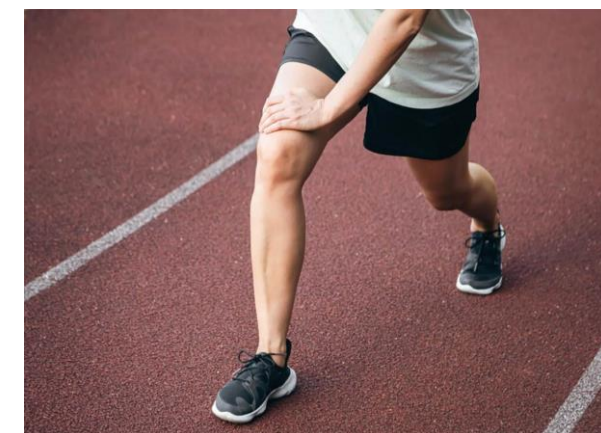
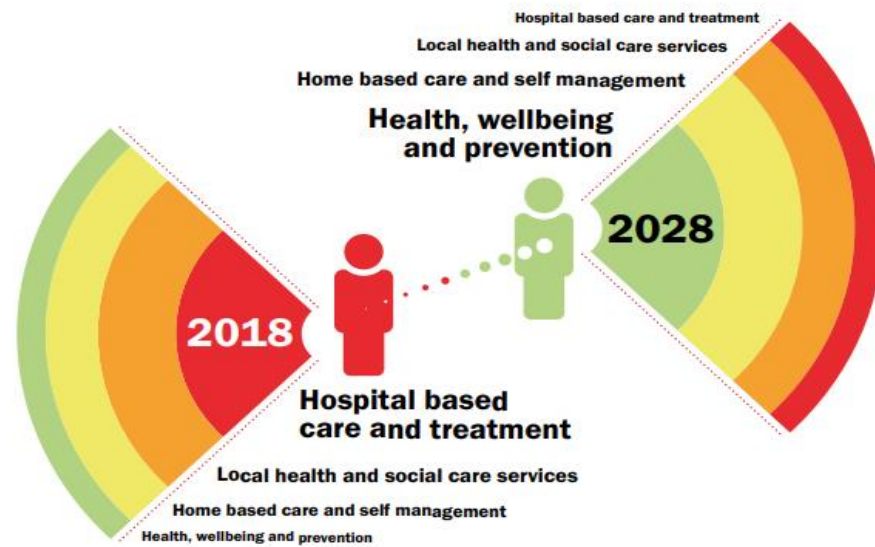


Currently, patients face a wait time of **58 weeks** on the routine vascular waiting list.



Consequently, without expert evaluation and treatment planning, there is a risk of increased chronic complications and possible delays in reviewing urgent cases. All due to the high demand on the waiting list.

We don't want to get from here to here



Proposed Project:

- Vascular Consultants could triage, and redirect referrals classified as **'routine' lower limb PAD** patients to the Podiatry team.
- CAV UHB Podiatry will accept these referrals. Ensuring assessment in a Vascular screening clinic with Podiatrists skilled in vascular evaluation and chairside vascular diagnostics.
- A new clinical pathway is created.
- The expected waiting time for these appointments would be **6-8 weeks**.
- Clinical sites across Cardiff and Vale, providing care closer to home.
- Incorporating Podiatry into the broader multidisciplinary lower limb team aligns with recommendations outlined in the Best Practice Clinical Care Pathway for Peripheral Arterial Disease (Vascular Society, 2022).



Treatment plan:

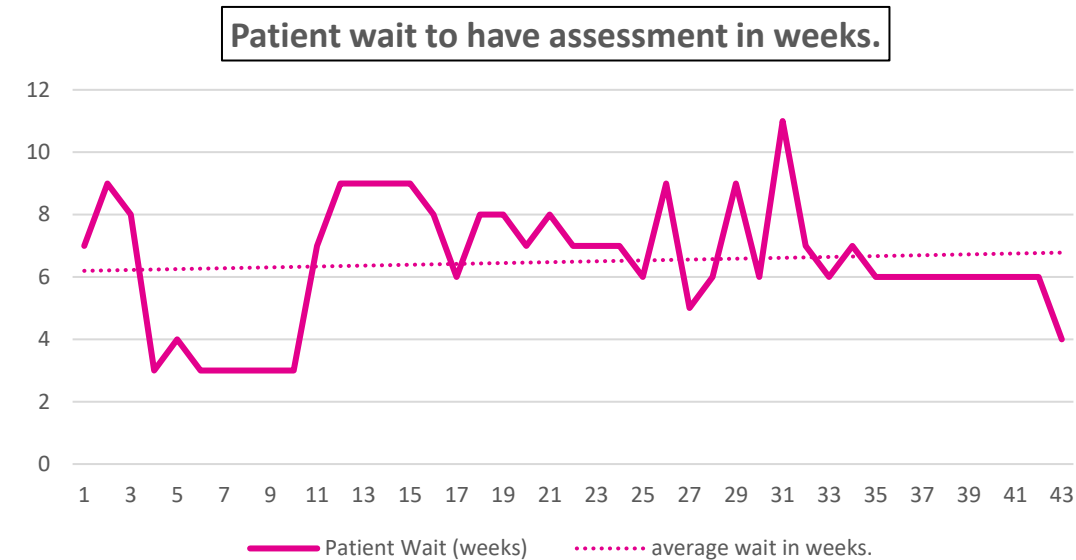
- Lifestyle modification advice
- Best medical management
- Onwards referral (Claudication clinic)
- Footcare / footwear advice.

Detailed plan and advice back to referrer.



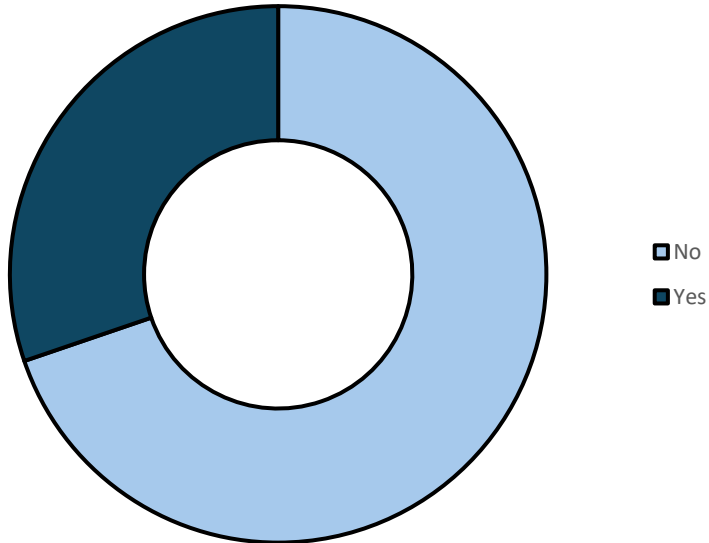
Impact

- **43 patients** referred, triaged and assessed through the new pathway.
- **Average wait time of 6.22 weeks**, compared to **58 week** wait to see a vascular consultant. This avoids a total of 2,226 weeks wait for this cohort.
- Patients reported feeling **reassured, informed and supported**.
- Estimated **annual saving of £22,800** for Cardiff and Vale UHB.

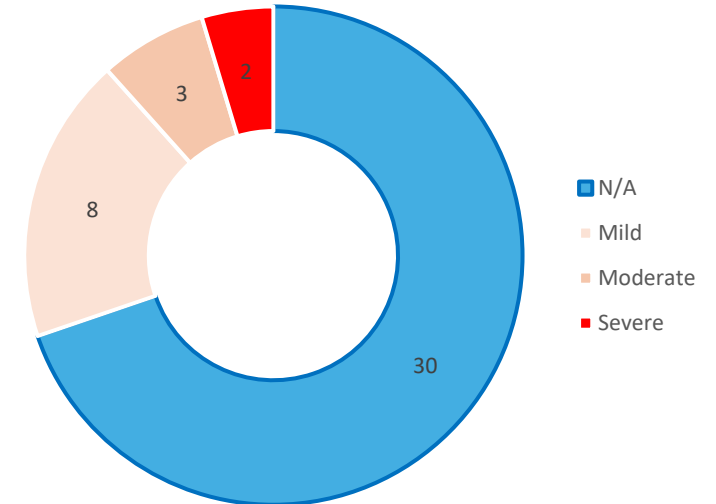


Arterial disease outcomes

Patients who had PAD yes/No



Level of Peripheral arterial disease.



- **66%** of patient assessed required **no vascular review**, avoiding unnecessary appointments.
- Those with signs and symptoms of PAD received a **faster treatment plan**.
- Only **one** urgent referral made to vascular consultants.

Stakeholder Testimonials

"This has allowed the diversion of a significant number of patients referred with likely non-vascular origin symptoms to be assessed and managed appropriately in a more timely fashion than the vascular department is currently able to manage.

It also manages the risk of an inadequately structured referral leading to triaging into non-urgent category and patient sustaining harm.

Other benefits include increasing availability to see urgent vascular patients in consultant led vascular clinics.

I fully support this initiative and hope this important work is able to continue."

Mr Huw Davies, Vascular Consultant Surgeon

"The consultants of the South-East Wales Vascular Network are very supportive of this Bevan Exemplar project.

The ability to triage patients directly to podiatry rather than see them in a vascular surgical outpatient clinic prior to referring them to podiatry improves the service provided to our patients.

By reducing the number of patients, we see in the surgical clinic we reduce waiting times and are able to better manage those in need of surgical or IR interventions.

Patients with specific foot problems are seen quickly by the podiatry team optimising their management too.

I hope that this project will be funded to continue."

- **Miss Susan Hill, Clinical Director South-East Wales Vascular network**

Patient testimonials

Patient/Service user 1:

"Great, clarified what was wrong. Nothing was left open ended. It made a lot of sense and with circulation ruled out that was a big thing. It made me feel better. I would recommend the project"

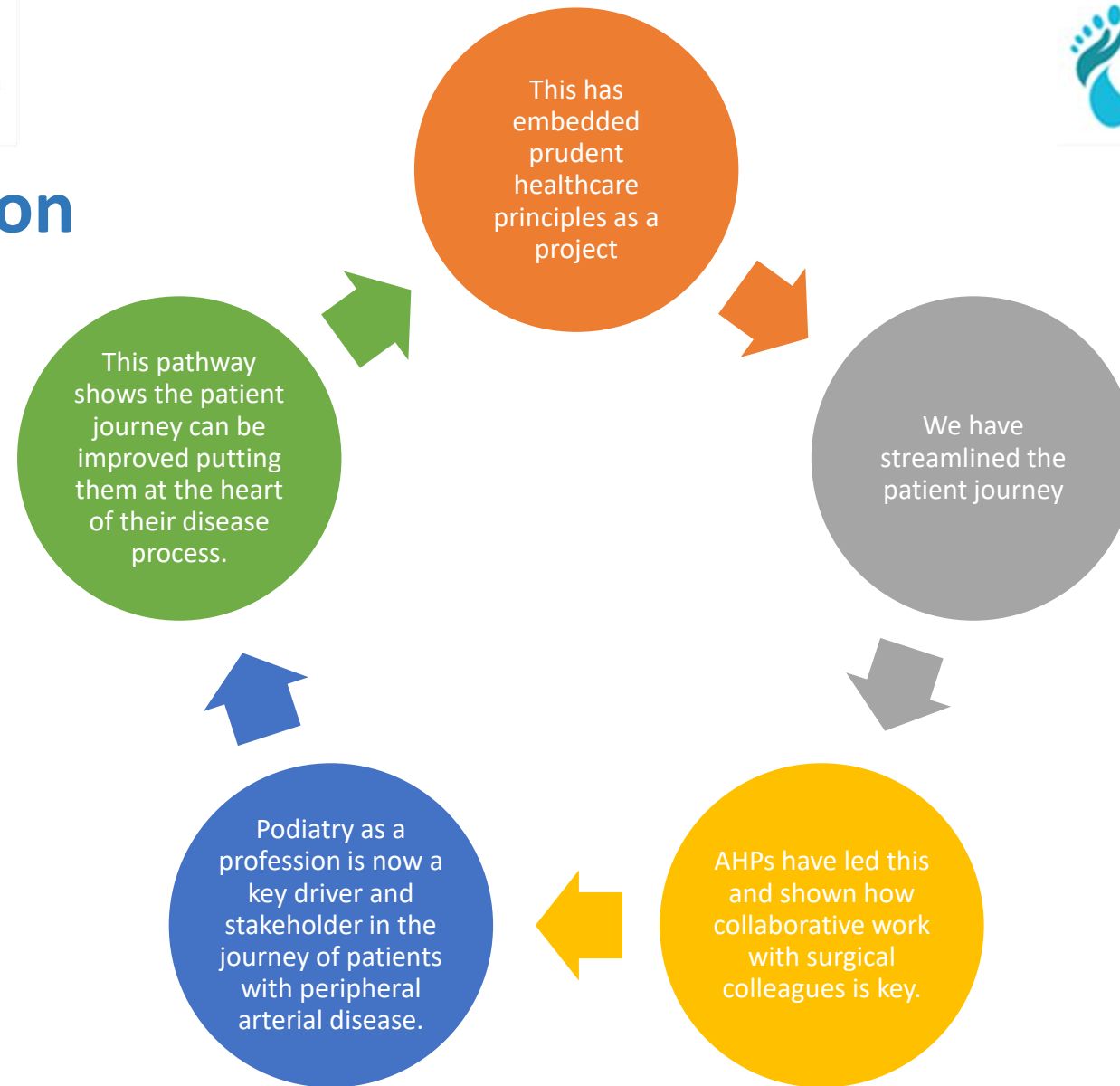
Patient/Service user 2:

"I definitely would recommend this project to everyone! Overall, it was marvellous on the day and yes, I am very happy with my results!"

Patient/Service user 3:

"A good example of the NHS at its best!"

Conclusion



Contact us:



Samantha.waters@wales.nhs.uk



Adam.fox@wales.nhs.uk



