HSC PODIATRY SERVICES CARE PATHWAYS
FEBURARY 2023

These care pathways have been developed to represent the current processes and pathways in place for Podiatry patients accessing services across HSCNI Podiatry services. The Care pathways have been devised to demonstrate the pathway that should be followed by a clinician when treating patients referred for the following reasons.

- Access to Core services
- MSK / Biomechanics services
- Nail Surgery
- Wound care

Agreement on accessing the service including initial assessment appointment times.

- **Core services**

  Access to Podiatry services is based on Podiatric pathology and/ or medical pathology. All referrals to the service will be triaged and referrals that are inappropriate or incomplete will be returned to the referral source.

  Referrals are accepted from a range of sources, inclusive of but not limited to:
  - Self-referral
  - GP
  - Consultant
  - AHP
  - Nursing
  - Social work
  - Carers

  Following triage all referrals will be aligned to one of 5 care pathways, based on the information provided on the referral form. **(Appendix 1)**

    - Podiatric need with a medical condition
    - Nail Surgery (NS)
    - Musculoskeletal (MSK)
    - Podiatric need with no underlying medical condition
    - Wound care

Exclusions,

Referrals for the following conditions and pathologies are not accepted by the Podiatry services

- Personal foot care including non-pathological nail care and minor corns and callus.
- Verrucae Pedis.
- Fungal nails
- Previous discharge for same pathology/ condition with no change in underlying medical condition.
- No identified Podiatric need (I.e. Vascular assessment for smokers or for compression therapy)

All care will be directed at the identified reason for referral with the emphasis wherever possible being on resolution and discharge. Subsequent pathology identified that is in addition and unrelated to the original reason for referral will require an additional referral to the service.

All pathways are dependent upon the availability of the required staff at the required grade to deliver the clinics.

1. Agreement regarding review appointment and on-going care.

- 45 minutes for initial assessment appointments for core services and nail surgery.

- 60 minutes for initial assessment appointments for MSK services. This takes into account the need to manufacture and provide orthotic devices at initial assessment

- 60 minutes for new wound assessment. This is for patients who are not known to services, who are referred with an active ulceration or wound. 60 minutes allows for the full detailed assessment and treatment to be undertaken including advanced vascular investigations such as an ABPI. The time also allows for the additional communication and record keeping that is required with the management of complex wounds.

- 30 mins for core review appointment. This appointment time takes into consideration direct clinical tasks that require to be done, e.g., telephone follow up, onward referrals etc.

- 20 minutes screening appointment to be conducted by a Podiatry Assistant Practitioner (PAP) The PAP will undertake these sessions with direct supervision on new patients but will be able to work un supervised on existing patients.

ONGOING CONTINUED CARE

Evidence based practice indicates that in the case of patients who have a high risk of developing limb and life threatening pathology, and for some patients with long-term conditions and underlying medical conditions it is clinically unsafe to discharge them from the podiatry service.
For all other patients referred to the service the level of service provided and their ongoing care is based on the regionally agreed clinically risk stratification tool which determines the patients risk of developing foot ulceration or limb threatening conditions and provides a guide for the frequency of intervention that they will require.
(**Appendix 3)**

2. Agreement on Discharge.

Table 1. Criteria to be discharged from Podiatry

Patients are discharged from the service for the following reasons:

- Completion of treatment programme
- Resolution of symptoms/ pathology
- Optimal outcome achieved
- Podiatric intervention no longer required.
- Failure to follow treatment plan
- No contact with service- specific timeframes shown in **Appendix 2**
- Failure to attend without prior notification
- Successive cancellation of pre booked appointments

All discharges are in accordance with IEAP guidelines.

PLWD can be discharged from services in line with these care pathways. These pathways do not overrule the clinical autonomy of the podiatrist If the podiatrist feel that discharge would be detrimental to the patient.

Detailed Care Pathways.

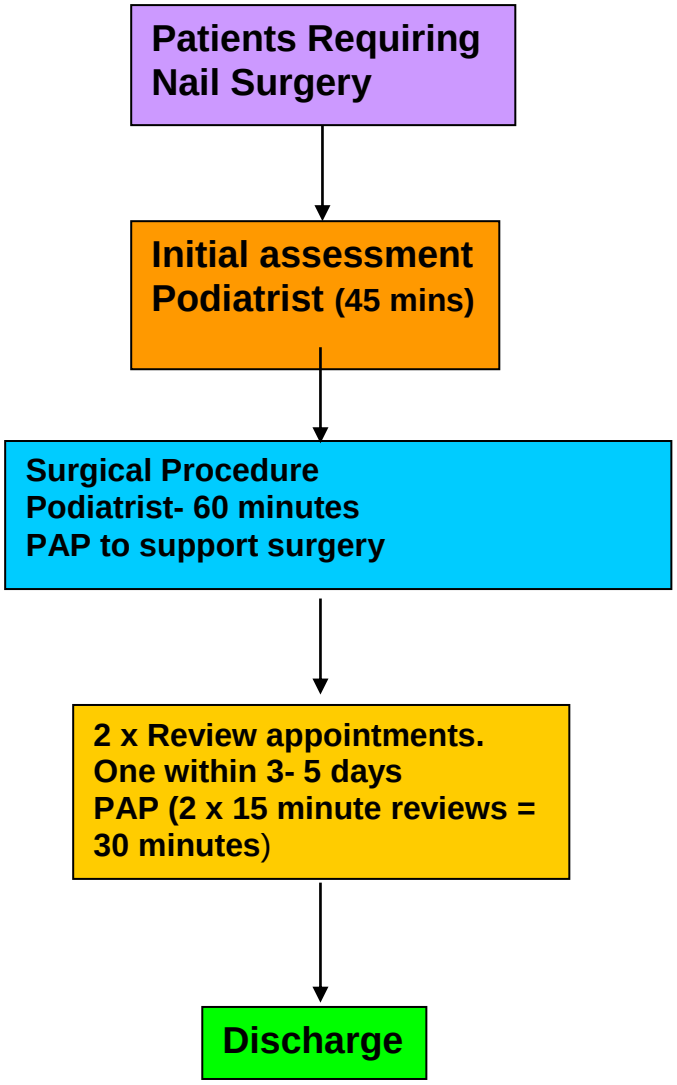
1. <u>Nail Surgery</u>

Total treatment time	105 minutes Podiatrist
	90 minutes Podiatry assistant

This time includes

Initial assessment	Podiatrist 45 minutes
Surgery	Podiatrist 60 minutes
	Podiatry assistant 60 minutes
2 review appointment	Podiatry Assistant 30 minutes (2x15minutes)

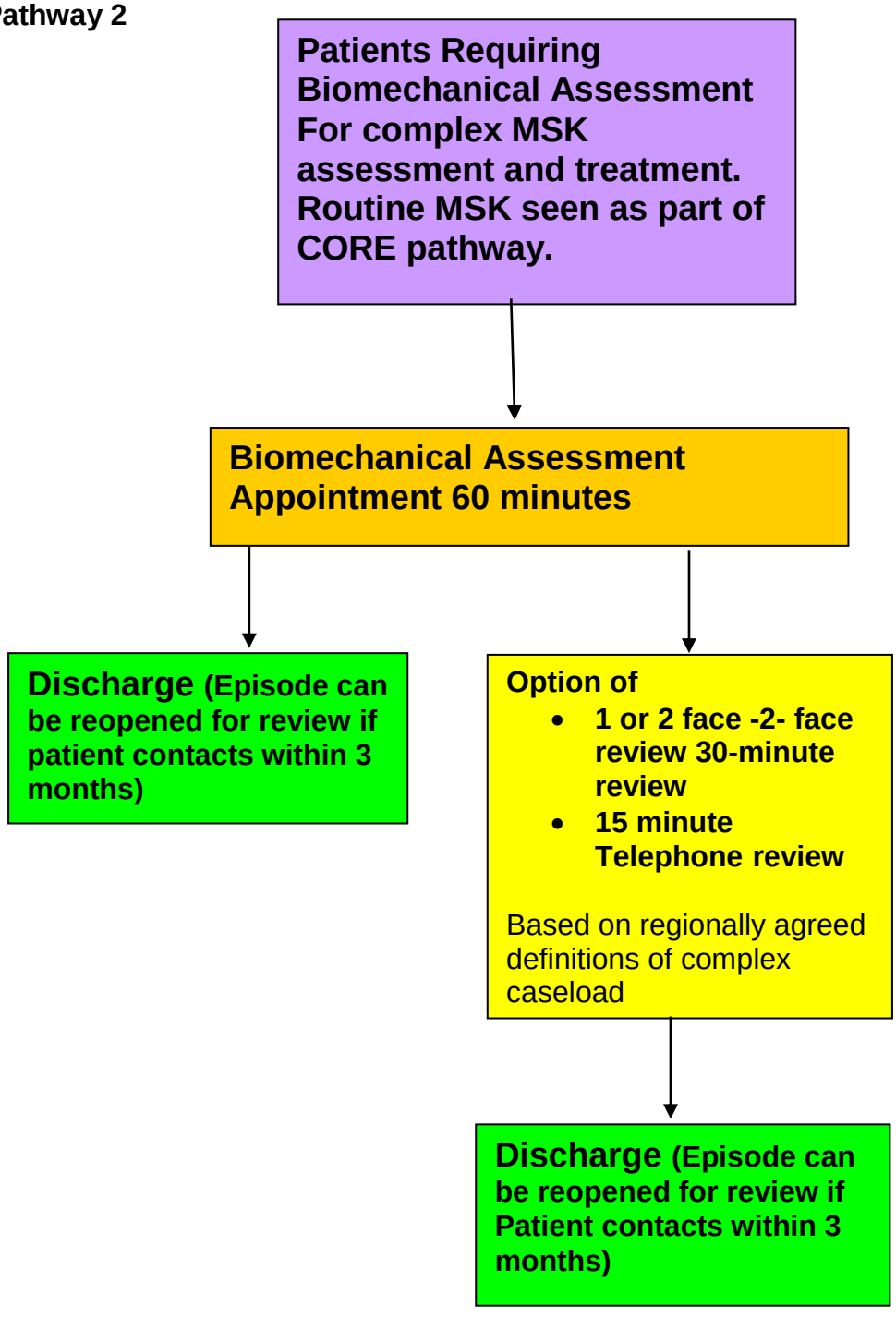
All trust protocols based on regionally agreed and RCPod Nail surgery guidelines.



2. **Biomechanics MSK services.**

Total time is dependent on complexity
Some non-complex MSK pathologies are considered part of Core work and will sit under the CORE pathway. This includes noncomplex pathology such as Hallux Abducto Valgus (HAV), Plantar Fasciitis and neuroma. Non-complex MSK pathologies that have not resolved with initial intervention are referred onto the advanced practitioners within the specialist services.

Care Pathway 2



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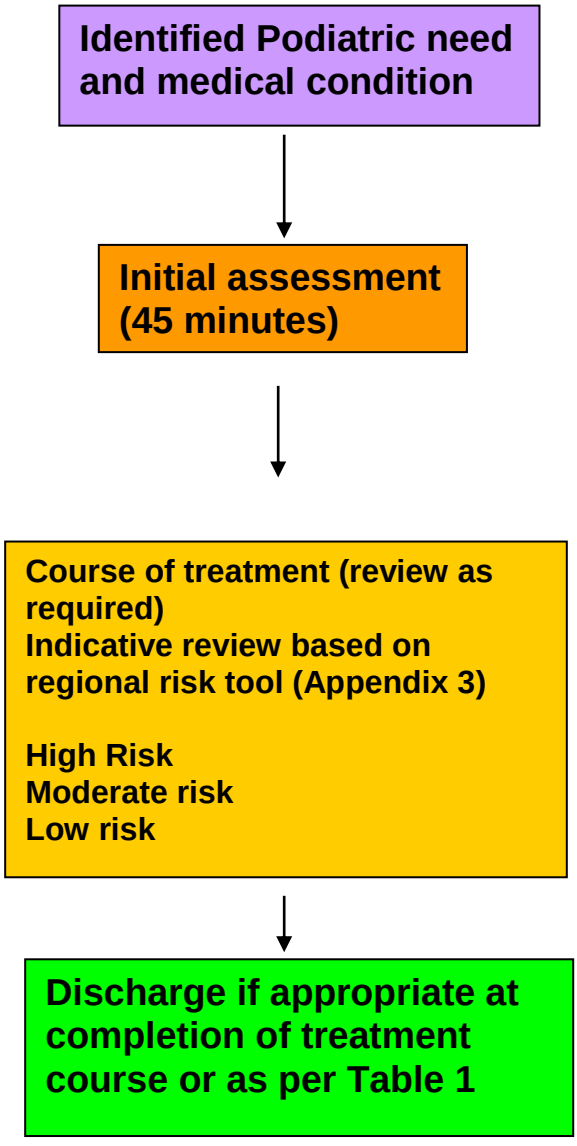
3. CORE podiatric need and medical condition from referral information

Medical reason/s are:

- Diabetes.
- Podiatric need in combination with any of the following :
- Rheumatology
- Chronic Kidney Disease level 3 and above
- Peripheral Arterial Disease (PAD)
- Immuno- compromised

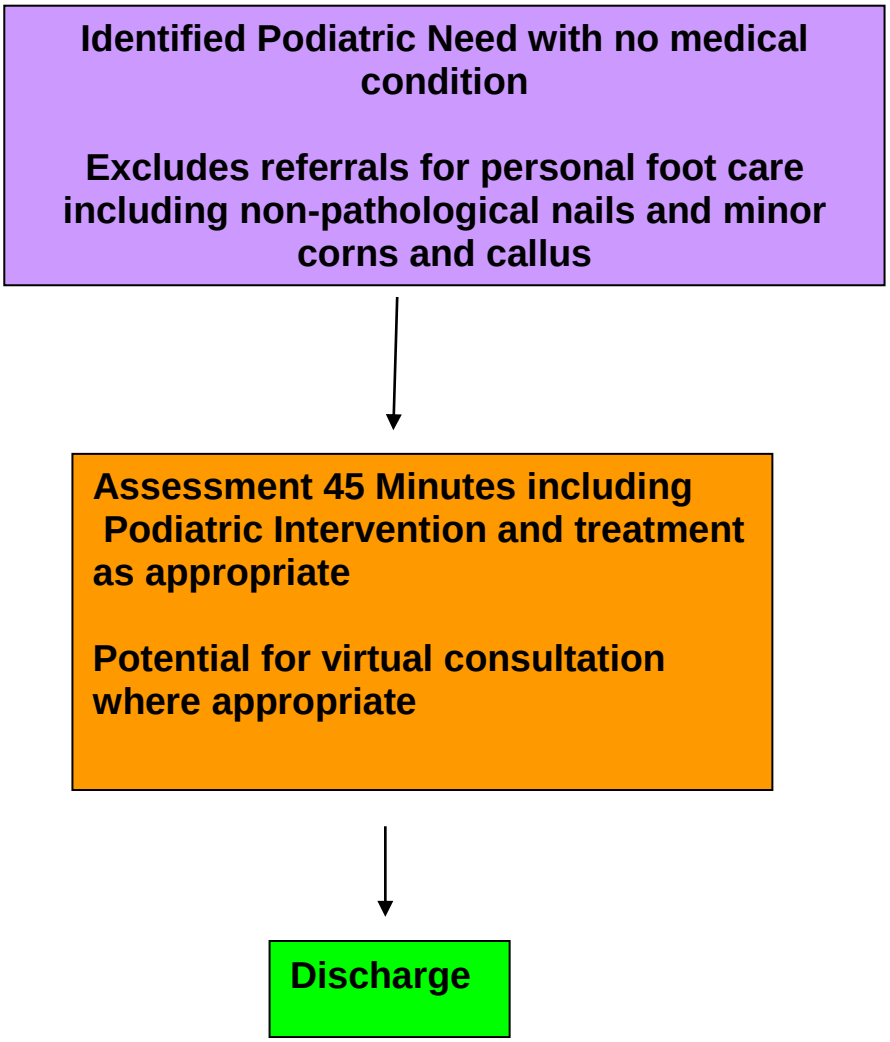
Initial assessment 45 mins

30 minute review appointment as required based on agreed regional risk tool for patients.
Discharge when treatment course completed



4. Care pathway for all referrals for podiatric need and foot care need with no medical conditions.

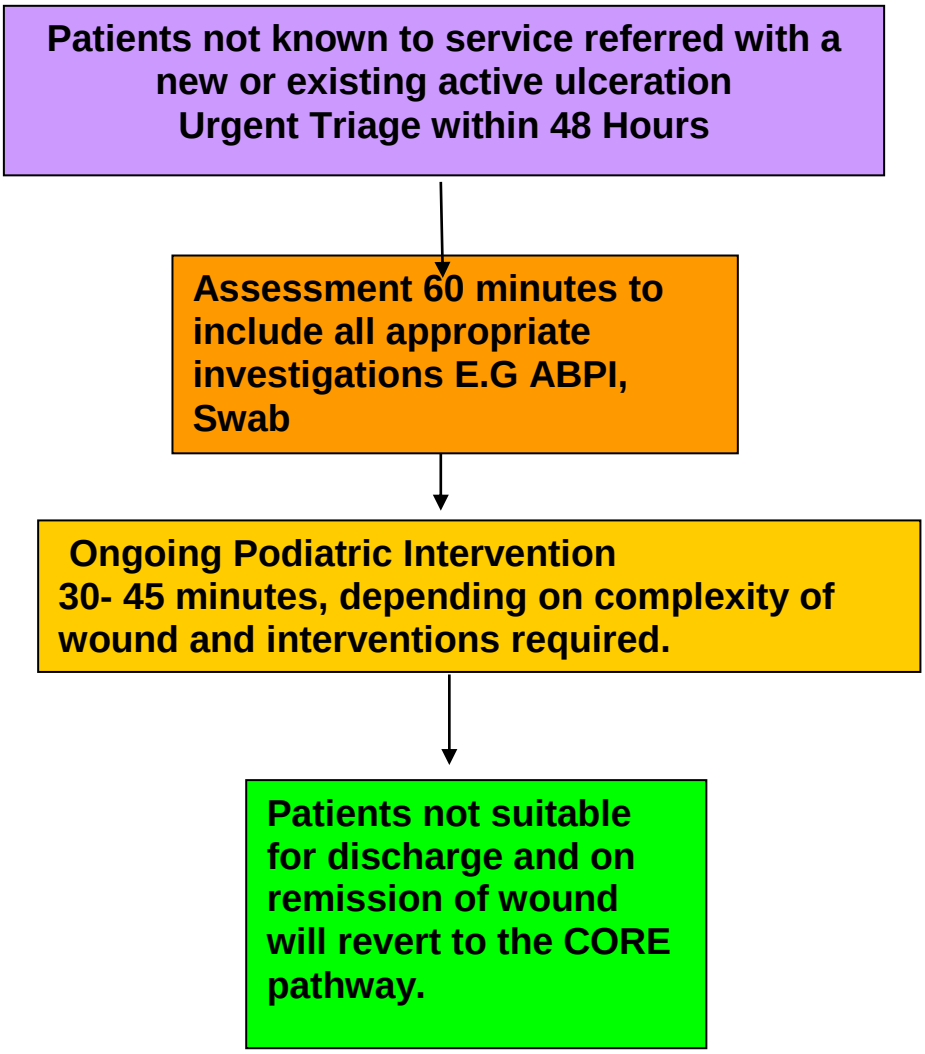
Referrals for personal foot care (including non-pathological nail care, minor corns and callus) verrucae pedis, fungal nails and other inappropriate referrals will be returned to referral source.



5. Wound care and Ulceration care pathway

This Pathway is a new pathway and reflective of the increasingly complex nature of the podiatry caseload. This pathway is for all patients whose first presentation within podiatry services is for the assessment and management of active foot disease.

This pathway does not apply to patients who are already known to services presenting with a new episode of active foot disease



Appendix 1

Information used to Triage Referrals

Patients presenting with urgent conditions are expected to be seen within 48 working hours of receipt of referral. Monday-Friday 9am -5pm

Patients with routine conditions will be seen in line with IEAP guidelines.

Key information	Triage Outcome
Bacterial infection	Urgent
Wound / Ulceration	Urgent
Infection toenail	Nail surgery
MSK	Biomechanical
Diabetes	Core
Peripheral Vascular disease	Core
Amputee	Core
Rheumatology	Core
Neurological	Core
Immuno-compromised steroids	Core
Loss of Sensory Neuropathy	Core
Podiatric need	Foot Health Assessment
Foot care need	Foot Health Assessment
Renal Disease	Core
Paediatrics	Core
Adult Learning disability	Core

Appendix 2

Trust	**DNA discharges** **Number of appointments DNA before discharge**	**Cancelled Appointment Discharges** **Number of appointments cancelled before discharge**	**Discharged Following no contact with service**
Belfast	New Patients 1 Review Patients 1	2 cxl	13 months
Northern	New Patients 1 Review patients 2	2 cxl	13 months
South Eastern	New Patients 1 Review Patients 2	2 cxl	13 months
Southern	New Patients 1 Review Patients 1	2 cxl	13 months
Western	New Patients 1 Review Patients 1	2 cxl	13 months

This includes all patients regardless of presenting condition and underlying medical condition.

This is a guide to discharge and does not over rule the practitioner's autonomy if there are concerns as to the reason for non-attending or if discharge would be detrimental to the patient

Appendix 3

Regionally Agreed Risk tool Version 11 (2021)

Level of Risk	Definition	Suggested Review Time	Discharge (Guidance on care pathway outcome)
No Risk	Patients with no medical reason requiring Short term interventions to include: - Biomechanical Assessments - Nail Surgery - Foot Health Advice to support self- management	Advice or Intensive Treatment leading to discharge	May not be accepted on to caseload Or Discharge following assessment, advice and / or intensive treatment
Low Risk	Medical Reason with Foot Pathology OR Diabetes with or without foot pathology	52 weeks Or Discharge Or As Podiatric need	Annual review with appropriate health care professional Refer to PAP caseload if appropriate
Low Risk	No Medical Reason With Patients with potential risk associated with Chronic ongoing debilitating podiatric pathology Example neurovascular HD	As per Podiatric Treatment Plan	Not suitable for initial discharge as person has definite need for intervention
Moderate Risk	Medical Risk with Peripheral Neuropathy Or PAD Or Biologics / DMARDS Or Significant Deformity associated with Inflammatory Arthritis	12-52 weeks (Diabetes 12 – 24 weeks refer to Regional IDF Pathway)	Not suitable for Discharge Refer on to PAP caseload if appropriate
High Risk (1 or more of the following)	Medical reason with • Previous amputation • Previous ulceration • Renal replacement therapy / transplant CKD 4 or over • Neuropathy with PAD • Neuropathy OR PAD with callous and / or deformity • Biologics / DMARDS with deformity or callous	4 – 12 weeks (Diabetes 4-8 weeks refer to Regional IDF Pathway)	Not suitable for Discharge

	• Biologics / DMARDS with Neuropathy or PAD • Consolidated Charcot Neuroarthropathy		
Active	• Active Bacterial Infection • Critical Limb Ischaemia • Ulcer present • Active / Suspected Charcot • Red , hot swollen foot • Gangrene / Necrosis	0-4 weeks (Diabetes refer to Regional IDF Pathway)	Not suitable for Discharge
At Risk	Patients with potential risk associated with no support and evidence of self-neglect or a designated Vulnerable Adult due to neglect	As per podiatric treatment plan	Not suitable for Discharge