



South East London, Dartford & Gravesham Diabetes Foot Services Directory

Version 1.6: July 2019



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Introduction

Welcome to the South East London, Dartford & Gravesham diabetes foot care services directory.

This directory is for any healthcare professional who has identified a patient with an active foot problem or a moderate or high risk foot. It will help healthcare professionals give the best information to patients and ensure they are referred to the right place in a timely fashion.

The directory uses the south east London diabetes foot care pathway as a basis, and includes a comprehensive overview of the services offered by each podiatry team (both community and acute) across south east London and Dartford & Gravesham.

Throughout the document you will find copies of the latest referral Forms for each podiatry service in south east London and Dartford & Gravesham. In most cases the MDFT referral form is built into the e-Referral Service. Where a paper form exists, the form is included within this document.

New multi-disciplinary foot teams were set up in three south east London hospitals as part of the NHS England Diabetes Transformation Fund. Details of the project and its aims can be found here — <https://vimeo.com/335440554>

The following are links to patient leaflets for patients with diabetic foot conditions. These leaflets should be distributed to patients in every care setting, when they present with a diabetic foot condition or for annual review.

Low Risk Foot — http://bit.ly/LR_Foot

Moderate Risk Foot — http://bit.ly/MR_Foot

High Risk Foot — http://bit.ly/HR_Foot

Footwear advice — <http://bit.ly/FWear>

‘How to conduct a foot screening’ video — <http://bit.ly/How2FS>

Please note that this is a ‘live’ document. Make sure, if printed, that you have the latest version.

Where are foot conditions treated?

Who to contact and when (some areas may vary)



GP Surgery

Community / FPT

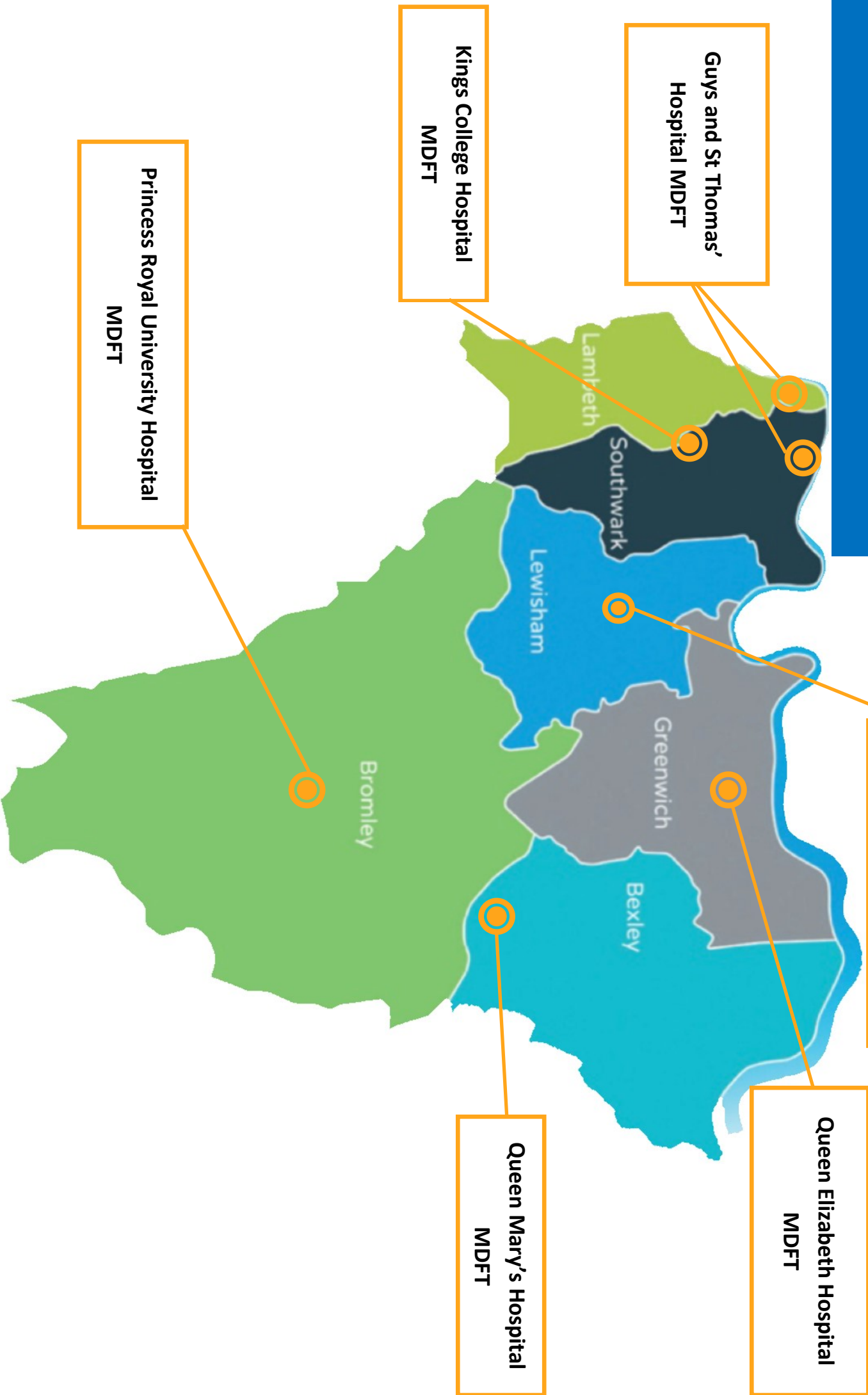
Acute trust / MDFT

A&E

Access times :	Monday—Friday (During normal	Monday—Friday (During normal	Monday—Friday (at weekends send to A&E)	Saturday-Sunday
Athlete's foot — This is a new complaint	✓	✗	✗	✗
Blisters — new blisters or current ones are getting worse	✗	✓	✓	✗
Break in skin — discharge / oozing on foot	✗	✓	✓	✓
Bunions - new complaint	✗	✓	✗	✗
Change in foot colour - foot has changed colour over part or all of the skin (Black, Blue, Red, Purple, Pink)	✗	✗	✓	✓
Corns and Calluses — new corns or calluses / current ones are getting worse	✗	✓	✗	✗
Dry and cracked heels — feet are becoming too dry	✓	✓	✗	✗
Feeling unwell - feeling unwell after being deemed at risk of a foot attack	✓	✗	✓	✓
Flat feet - one or both feet feel flat	✗	✓	✗	✗
Heel pain — heel hurts when sitting, standing or walking	✓	✓	✗	✗
Hot, red, warm foot — one or both feet are suddenly hot, red or warm	✓	✗	✓	✓
Infection — foot seems infected	✓	✗	✓	✓
New Swelling - One or both feet have a new area of swelling	✗	✗	✓	✓
Due a Foot Check — Not had a foot check in 12 months	✓	✓	✗	✗
Pain in feet or legs - short or constant length of pain in feet or legs	✓	✓	✓	✓
Slow healing wound - It is taking longer than usual for wound to heal	✓	✓	✓	✓
Smelly feet - feet smell different than they normally do	✓	✓	✗	✗
Toenail problems - fungal or ingrown toenails	✗	✓	✗	✗
Verruca's - one or multiple verruca's	✓	✓	✗	✗

South East London

MDFT CLINIC LOCATIONS



How to make an URGENT REFERRAL via e-RS for Active foot conditions

To make an URGENT REFERRAL via e-RS for Active foot conditions:

Ulceration, acute Charcot foot, necrosis and infection

In e-RS, please click on:

1. Speciality – Diabetic Medicine
2. Clinic Type – Podiatry and Foot
3. Priority – Urgent
4. NO ORGANISATION OR SITE

The screenshot shows the e-RS referral form with the following settings:

- Clinical Term:** (Empty)
- Speciality:** Diabetic Medicine
- Clinic Type:** Podiatry and Foot
- Named Clinician:** (Empty)
- Priority:** Urgent
- Organisation or Site Name:** (Empty)
- Gender Treated:** Male and Female
- Patient Age:** (Empty)
- Sort By:** Distance
- Indicative Wait Time Less Than:** (Empty) Days
- Distance within:** 20 miles of Postcode SE1 7EH

Buttons: Clear, Search

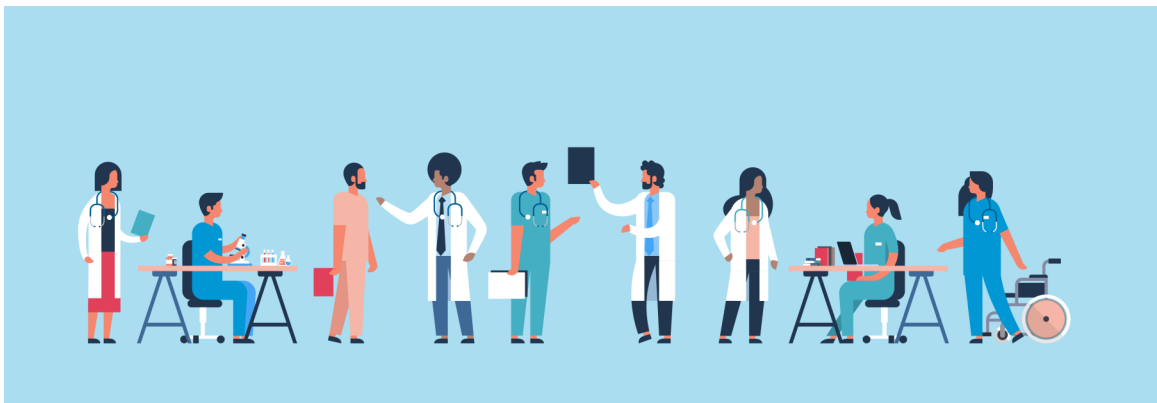
Clinic locations and names:

Diabetic Foot – Rapid Access Clinic at Queen Elizabeth Woolwich

Diabetic Foot – Rapid Access Clinic at Queen Mary's Sidcup

Diabetic Foot – Rapid Access Clinic at Princess Royal University Hospital

BEXLEY



**Improving health
and care together**

Diabetes Foot Care Pathway

South East London, Dartford and Gravesham



Risk Level

Definition

Action

How to refer

Low

Intact foot and at low risk of damage:

- Normal foot sensation
- Palpable foot pulses
- No foot deformity
- No history of ulceration or amputation

Foot care within Primary Care Setting (GP)

- Annual Foot Screening - <http://bit.ly/How2FS>
- Foot check for tissue damage
- Referral to active care if applicable
- If intact foot but with abnormal sensation or absent pulses, refer to Foot Protection Team
- If new ulceration or acute Charcot referral to MDFT (see referral guidance under *How to refer*)

Continue to manage in Primary Care

Moderate

Intact foot but moderate risk of damage:

- Peripheral neuropathy (i.e. abnormal sensation), or
- Peripheral vascular disease (i.e. absent foot pulses)
- Deformity/lesions

Foot care within Primary Care Setting (GP)

- Diabetes foot checks and surveillance every six months
- Foot check for tissue damage
- Regular podiatry and general foot care
- Referral to active care if applicable
- Callus removal, nail care and regular foot care review as per NICE guidelines

High Risk (Foot Protection Team)

Via GPs to Oxleas Podiatry Service
Tel: 020 8320 3550
Via referral form
Email: oxl-tr.Podiatry@nhs.net

High

Intact foot but high risk of damage:

- Previous foot ulceration
- History of Charcot Foot
- Patients on dialysis
- Previous amputation
- Neuropathy and lower limb peripheral arterial disease together
- Neuropathy in combination with callus/deformity
- Lower limb peripheral arterial disease in combination with callus/deformity

Foot Care within Foot Protection Team

- Diabetes foot checks and surveillance every two – three months
- Foot Check for tissue damage
- Regular podiatry and general foot care
- Referral to active care if applicable
- Callus removal, nail care and regular foot care review as per NICE guidelines similar to the yellow box above

MDFT specialist foot team

Via GPs to QMS MDFT clinic
Tel: 020 7188 3616
ERS referral
Email: gst-tr.DiabetesandEndocrine@nhs.net

Active

(Foot ulceration/charcot foot)

Current active foot tissue damage:

- Any foot ulceration
- Acute Charcot foot (hot/ swollen/painful foot)
- Any foot infection
- Septic patients should be referred to A&E with in-patient MDFT support

Rapid referral within one working day to MDFT for footcare within specialist foot team

- Triage of referrals within one working day
- MDFT review within one additional working day
- 'One-stop' case reviews
- Coordinate OPAT Care
- Refer housebound patients to FPT immediately
- Ensure patients provided with written and verbal information and contact numbers – see links to leaflets in "Important information" box

Important information

- Patients on dialysis, blind or unable to self-care to be considered as high risk.

Record risk status and inform patient of what it means.

Use the following Patient Information Leaflets:

- Low Risk Foot - http://bit.ly/LR_Foot
- Moderate Risk Foot - http://bit.ly/MR_Foot
- High Risk Foot - http://bit.ly/HR_Foot
- Footwear advice - <http://bit.ly/FWear>
- Ensure patient has both written and verbal information, and contact numbers as needed.
- Callus removal, nail care and regular foot care review as per NICE guidelines.

If new ulceration or acute Charcot foot always refer to specialist multi-disciplinary foot team (MDFT) within 24 hours



BEXLEY—Queen Mary's Hospital

MDFT | DIABETIC FOOT—RAPID ACCESS CLINIC



Renal Clinic, Queen Mary's Hospital, Frognal Ave, Sidcup DA14 6LT
(Provider—Guy's & St Thomas' NHS Foundation Trust)



020 7188 3616



gst-tr.DiabetesAndEndocrine@nhs.net



MDFT Clinic Times: Tuesday, Thursday and Friday, 08.15-17.00

SPOKE MDFT



Diabetologist

Podiatrist

Orthopaedics

Vascular surgeon

Wound care

Casting

Biomechanics and orthoses

PODIATRY TEAM MEMBERS



Diabetes Podiatry Lead:

Tejal Patel, Tejal.Patel@gstt.nhs.uk

Podiatrist

Maria Goldsmith maria.goldsmith@gstt.nhs.uk

Sarah Davies sarah.davies58@nhs.net

KEY MULTI DISCIPLINARY FOOT TEAM CONTACTS

	PODIATRY Maria Goldsmith Diabetes Specialist Podiatrist Maria.goldsmith@gstt.nhs.uk		DIABETES Serife Mehmet Consultant Diabetologist s.mehmet@nhs.net
	VASCULAR Becky Sandford, Vascular Consultant becky.sandford@gstt.nhs.uk		INFECTIOUS DISEASE Carolyn Hemsley Infectious disease consultant Carolyn.hemsley@gstt.nhs.uk

BEXLEY—Queen Mary's Hospital

ACUTE FOOT CLINIC



Diabetes Centre, Queen Mary's Hospital, Frogna Ave, Sidcup DA14 6LT
(Provider—Oxleas NHS Foundation Trust)



020 8300 2246



oxl-tr.Podiatry@nhs.net



MDFT Clinic Times: Monday—Wednesday, 1.00pm-5.30pm

SPOKE MDFT



Diabetologist

Podiatrist

Vascular surgeon

Wound care

DSN

Microbiology

Biomechanics and or-
thoses

PODIATRY TEAM MEMBERS



Diabetes Podiatry Lead:

Ruth Follis, ruth.follis@nhs.net,
020 8320 3550

Podiatrist

Luis Marques, luis.marques@nhs.net

Diabetes specialist nurse

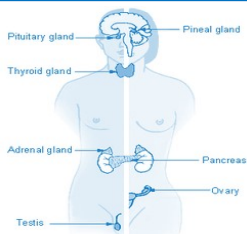
Kathy Widdows, Kathryn.widdows@nhs.net

Olusegun Alabi, oalabi@nhs.net

Podiatry Administration contact details:

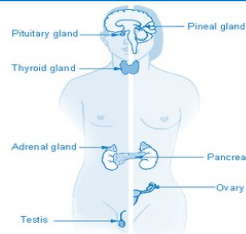
151—153 Lodge Hill, Goldie Leigh, Abbey Wood, SE2 0AY
020 8320 3550

KEY MULTI DISCIPLINARY FOOT TEAM CONTACTS



DIABETES

Sharaf Ibrahim
Consultant Diabetologist
Sharaf.ibrahim@nhs.net



DIABETES

Serife Mehmet
Consultant Diabetologist
s.mehmet@nhs.net



VASCULAR

Becky Sandford,
Vascular Consultant (TBC)
becky.sandford@gstt.nhs.uk

BEXLEY—COMMUNITY

FPT | BEXLEY CARE



Various locations, See below



020 8320 3550



oxl-tr.Podiatry@nhs.net



Monday -Friday, 9.00am-5.00pm

PODIATRY TEAM MEMBERS



Podiatry Lead:

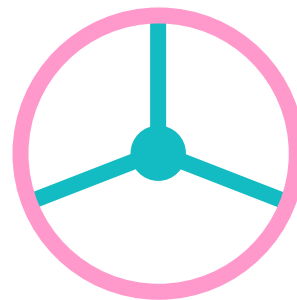
Ruth Follis, ruth.follis@nhs.net, 020 8320 3550

Other podiatrist contact details:

Luis Marques, 020 8320 3550

Mary Banham, 020 8320 3550

Foot Protection Team



Wound Care

Diabetology

Biomechanics and Orthoses

FOOT ULCER CLINICS

Erith Health Centre

50 Pier Road

Erith

DA8 1RQ

Barnard Medical Practice

43 Granville Road

Sidcup

DA14 4TA



Acute / MDFT



Community / FPT

Provider:



Referral by	Email	Email	GP Referral
Lead/Pathfinder	Ruth Follis	Tejal Patel	Ruth Follis
Telephone:	020 8300 2246	020 7188 3616	020 8320 3550
Email:	ruth.follis@nhs.net	Tejal.Patel@gstt.nhs.uk	ruth.follis@nhs.net
Access to Diabetes Consultant	✓	✓	✗
Access to Diabetes Specialist Nurse	✓	✓	✓
Access to Orthotist Prosthetist	✓	✓	✗
Access to Rehab services	✗	✓	✗
Access to Plastics team	✗	✓	✗
Access to Tissue Viability team	✗	✓	✓
Access to Vascular team	✓	✓	✗
Acute Ambulatory Area Clinic	✗	✗	✗
Clinical Trials	✗	✓	✗
Digital / Virtual contact	✗	✓	✗
Education sessions for patients	✓	✓	✓
Education sessions for staff	✓	✓	✓
Health promotion	✓	✓	✓
Home visiting	✗	✗	✓
MDFT meetings	✓	✓	✗
Non-diabetic high risk foot care	✗	✗	✓
Out of hours service	✗	✗	✗
Outpatient podiatry team	✓	✓	✓
Pathfinder podiatrist	✗	✓	✗



Acute / MDFT



Community / FPT

Provider:



Referral by	Email	Email	GP Referral
Lead/Pathfinder	Ruth Follis	Tejal Patel	Ruth Follis
Telephone:	020 8300 2246	020 7188 3616	020 8320 3550
Email:	ruth.follis@nhs.net	Tejal.Patel@gstt.nhs.uk	ruth.follis@nhs.net
Biomechanics	✓	✓	✗
Chair Side Orthotics / Felt	✓	✓	✓
Charcot	✓	✓	✗
Compression therapy	✗	✓	✗
Contact casting	✗	✓	✗
Footwear & Orthotics	✓	✓	✗
Imaging access—Duplex	✓	✓	✗
Imaging access—CT Angiography	✗	✓	✗
Imaging access—X-ray Angiography	✗	✓	✗
Imaging access—MRI	✓	✓	✗
Larvae therapy	✓	✓	✗
Nail surgery	✓	✓	✓
Negative pressure	✓	✓	✗
OPAT	✓	✓	✗
Pain clinic	✗	✓	✗
Podiatric surgery	✗	✓	✗
Rheumatology clinic	✓	✓	✓
Routine podiatry (nails / corns / cal-lous)	✓	✗	✓
Splint and boot provision	✓	✓	✓

Bexley Diabetes Foot Service Referral Form For Urgent Foot Conditions

This form should be used to make **urgent** referrals to the Multidisciplinary Diabetic Foot Team for the following **active** diabetic foot conditions:

ulceration, acute charcot foot, necrosis and infection.

Housebound patients and those with non-urgent diabetic foot conditions, should be referred to the Community Podiatry Team using the link [Oxleas community podiatry referral form]

This document contains merged data which appears in the red framed table at the bottom of the form. Please ensure that irrelevant data is removed.

Patient Details			
Title: Title	First Name: Given Name	Surname: Surname	
NHS Number: NHS Number	Date of Birth: Date of Birth	Gender: Gender	Age: Age
Address: Home Full Address (single line)			
Telephone: (Home) Patient Home Telephone		(Mobile) Patient Mobile Telephone	
Referral Details			
Date of Referral: Short date letter merged		Form Completed By: Current User Referring GP (If form completed on GP's behalf): Free Text Prompt	
Surgery: Organisation Name		National Practice Code: Organisation National Practice Code	
Address: Organisation Full Address (single line)		Telephone: Organisation Telephone Number	
Email: Organisation E-mail Address			
About this Form			
<p>This form should be used to make urgent referrals to the Multidisciplinary Diabetic Foot Team for the following active diabetic foot conditions: ulceration, acute Charcot foot, necrosis and infection.</p> <p>Housebound patients and those with non-urgent diabetic foot conditions, should be referred to the Community Podiatry Team using the Oxleas community podiatry referral form.</p> <p>Referrals to this service must be made using the e-Referrals system (see details at the end of the form).</p> <p>If sepsis is suspected, the patient should be immediately referred to the Emergency Department.</p>			

1. Special Requirements

- | | |
|--|--|
| <input type="checkbox"/> Patient transport required | <input type="checkbox"/> BSL Sign Language Interpreter |
| <input type="checkbox"/> Translator (Language?) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Patient requires hoist | <input type="checkbox"/> Patient is immobile |
| <input type="checkbox"/> Patient is housebound – Refer Urgently to Oxleas Community Podiatry | |

2. Reason for Referral

- | | |
|---|---|
| <input type="checkbox"/> Ulceration | <input type="checkbox"/> Acute Charcot foot (deformity present) |
| <input type="checkbox"/> Necrosis | <input type="checkbox"/> Any Foot Infection |
| <input type="checkbox"/> Other <u>Urgent, Active</u> Diabetic Foot Condition (please state condition) | |

(Refer to the Diabetes Foot Care Pathway on DXS for further guidance. [Click HERE](#))

3. History of Presenting Complaint

Merged consultations notes are shown in this section. Please ensure that the date of onset of symptoms and any treatment provided e.g. antibiotics prescribed, are detailed here and/or in the merged “Medication” section of the form.

Consultations

4. Relevant Investigations

Please insert relevant investigation results here.

5. Insert additional information, relevant consultations notes or referral letter here.

Complete for all patients unless relevant information has already been provided.

Problems Medication

Medication Allergies

eReferral – Guidance for Referrers/Secretaries

Choose the URGENT priority – there is NO ROUTINE SERVICE.

Search “Primary Care” and select -

Specialty: Diabetic Medicine

Clinic Type: Podiatry and Foot

e-Referral Service Name: Acute Multidisciplinary Diabetic Foot Team Service @ Queen Mary Hospital – RJ1

For EMIS Web users, once the appointment has been booked or you have abandoned the process always click on “Service Selection” and choose the correct option (service selected or abandoned the process). If this step is not performed the “partial” referral will appear in the work flow section as incomplete but the referral in e-Referrals will be complete.

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Date Received ____/____/____

Date Appt Sent ____/____/____

Date of Appt ____/____/____

Referral for Podiatry Assessment

(To be completed by Health or Social Care Professionals)

(This service is only available to patients over the age of 18)

**Please complete this form clearly on
both sides
and send it to:**

Bexley ACHS PODIATRY SERVICES
151 – 153 Lodge Hill
Goldie Leigh
Abbey Wood, London SE2 0AY

Tel: 020 8320 3566 (Staff Line)
020 8320 3550 Option 2 (Patient Line)

Fax: 020 8320 3567
Email: oxl-tr.podiatry@nhs.net

Surname _____

Title _____

First Name _____

Male / Female

Address _____

Postcode _____

Telephone No _____

Date of Birth ____/____/____

NHS No _____

Ethnicity _____

Name of GP _____ Telephone No _____

Practice Address _____

Next of Kin _____ Telephone No _____

Address _____

Does the patient have;

☐ Ischaemia☐ Peripheral Sensory Neuropathy☐ Present foot ulceration☐ Connective tissue disease☐ Diabetes (with foot complications)☐ Lymphoedema of lower limb☐ Psoriatic Arthropathy

___ Motor neuropathy

___ Ingrowing Toe Nail Requiring Surgical Removal

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NHS Foundation Trust

Details of the foot Problem _____

Any other medical conditions (past/ present) _____

Current Medication (please include complete list) _____

Any other relevant information (wheelchair access / Bedbound) _____

Are there any communication difficulties?

Interpreter Required (Which Language) _____

Does a relative, carer, or warden need to be informed of the appointment? If so, please give contact Details.

Has the client consented to information being shared? Yes / No If no, reason: _____

Referred by
(signature) _____

Print
Name _____

Date ____/____/____
Telephone No _____

Title / Position _____

Bromley



**Improving health
and care together**

Diabetes Foot Care Pathway

South East London, Dartford and Gravesham



Risk Level	Definition	Action	How to refer
Low	Intact foot and at low risk of damage: <ul style="list-style-type: none"> Normal foot sensation Palpable foot pulses No foot deformity No history of ulceration or amputation 	Foot care within Primary Care Setting (GP) <ul style="list-style-type: none"> Annual Foot Screening - http://bit.ly/HowZES Foot check for tissue damage Referral to active care if applicable If intact foot but with abnormal sensation or absent pulses, refer to Foot Protection Team If new ulceration or acute Charcot referral to MDT (see referral guidance under <i>How to refer</i>) 	<p>Continue to manage in Primary Care</p>
Moderate	Intact foot but moderate risk of damage: <ul style="list-style-type: none"> Peripheral neuropathy (i.e. abnormal sensation), or Peripheral vascular disease (i.e. absent foot pulses) Deformity/lesions 	Foot Care within Foot Protection Team <ul style="list-style-type: none"> Diabetes foot checks and surveillance every six months Foot check for tissue damage Regular podiatry and general foot care Referral to active care if applicable Callus removal, nail care and regular foot care review as per NICE guidelines 	Foot protection team (FPT) <p>Via GPs to Bromley Healthcare Podiatry Service Tel 020 8315 8715 Via single point entry form Email: bromh.ccpod4@nhs.net</p>
High	Intact foot but high risk of damage: <ul style="list-style-type: none"> Previous foot ulceration History of Charcot foot Patients on dialysis Previous amputation Neuropathy and lower limb peripheral arterial disease together Neuropathy in combination with callus/deformity Lower limb peripheral arterial disease in combination with callus/deformity 	Foot Care within Foot Protection Team <ul style="list-style-type: none"> Diabetes foot checks and surveillance every two – three months Foot Check for tissue damage Regular podiatry and general foot care Referral to active care if applicable Callus removal, nail care and regular foot care review as per NICE guidelines similar to the yellow box above 	<p>MDT specialist foot team</p> <p>Via GPs to PRUH MDT clinic Tel 01689 865 202 eRS referral via EMIS Email: kch-tr.pruhdiabeticfootclinic@nhs.net</p>
Active (Foot ulceration/charcot foot)	Current active foot tissue damage: <ul style="list-style-type: none"> Any foot ulceration Acute Charcot foot (hot/swollen/painful foot) Any foot infection Septic patients should be referred to A&E with in-patient MDT support 	Rapid referral within one working day to MDT for footcare within specialist foot team <ul style="list-style-type: none"> Triage of referrals within one working day MDT review within one additional working day 'One-stop' case reviews Coordinate OPAT Care Refer housebound patients to FPT immediately Ensure patients provided with written and verbal information and contact numbers – see links to leaflets in "Important information" box 	

Important information

- Patients on dialysis, blind or unable to self-care to be considered as high risk.

Record risk status and inform patient of what it means.

Use the following Patient Information Leaflets:

- Low Risk Foot - http://bit.ly/LR_Foot
- Moderate Risk Foot - http://bit.ly/MR_Foot
- High Risk Foot - http://bit.ly/HR_Foot
- Footwear advice - <http://bit.ly/FWear>
- Ensure patient has both written and verbal information, and contact numbers as needed.
- Callus removal, nail care and regular foot care review as per NICE guidelines.

If new ulceration or acute Charcot foot always refer to specialist multi-disciplinary foot team (MDT) within 24 hours



BROMLEY—Princess Royal University Hospital

MDFT | DIABETIC FOOT—RAPID ACCESS CLINIC



Diabetic Foot Clinic, The Princess Royal University Hospital, Cardiology and Respiratory Department, Orpington, Kent BR6 8ND
(Provider—King's College Hospital NHS Foundation Trust)



PRU: 01689 865 202



PRU: kch-tr.pruhdiabeticfootclinic@nhs.net



PRU: Monday, Wednesday, Friday 9.00-17.00

SPOKE MDFT



Biomechanics and orthoses

Casting

Diabetologist

DSN

Interventional radiology

Microbiology

Orthopaedics

Podiatrist

Vascular surgeon

Wound care

PODIATRY TEAM MEMBERS



Lead Podiatrist: Maureen Bates, mbates2@nhs.net
0203299 3223, 0203299 4429

Pathfinder podiatrist:

Hetal Patel, hetal.patel11@nhs.net
Sarah Davies sarah.davies58@nhs.net





Other Podiatrists contact details:

Tim Jemmott, timothyjemmott@nhs.net
Jody Lucas, jody.lucas@nhs.net, 01689 865000 Ext 65201

Admin manager:

Julie Lambert, julielambert@nhs.net

KEY MULTI DISCIPLINARY FOOT TEAM CONTACTS

	DIABETOLOGY Dr Chris Manu chris.manu@nhs.net		Vascular Mr Hisham Rashid Hisham.rashid@nhs.net
	DIABETOLOGY Dr Yee Cheah y.cheah@nhs.net		PODIATRY Maureen Bates mbates2@nhs.net

BROMLEY—COMMUNITY

FPT | BROMLEY HEALTHCARE COMMUNITY PODIATRY



Various, see below



02083158715



BROMH.bromleyhealthcarereferrals@nhs.net

bromh.cccpod4@nhs.net



9:10am—4.30pm

PODIATRY TEAM MEMBERS



Lead Podiatrist:

Mehmet Hussein, mehmethussein@nhs.net

Podiatrist:

Sarah Besley, Marion Nicol, Lucy Martin, Ashwanee Rughoobur, Jason Thomas (MSK lead), Chantelle Agyeman, Mario Demetriou (Wound lead), Faris Otmani

SITES

Beckenham Beacon clinic

379 Croydon Road, Bromley BR3 3QL

Contact: 01689 866502, Pod rooms: POD Room 1 66518 , POD, Room 2 66519 , POD Room 3 66509, MSK 66511. Fax: 01689 866520

Biggin Hill Clinic

Recreation Ground, Off Church Road, Biggin Hill, TN16 4LB

Contact: 01959 575277, Fax: 01959 573457

Orpington Clinic Tesco's

8 Station Road, Orpington, Kent, BR6 0SA

Contact: 01689 865911, Pod rooms: 66061 66024/5 MSK, Fax: 01689 865910

Willows Clinic

Red Hill, Chislehurst, BR7 6DA

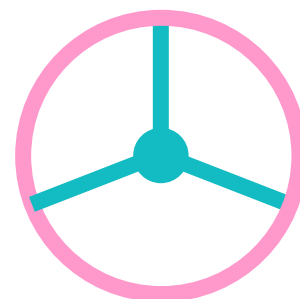
Contact: 020 8467 1631, Fax: 020 8467 1748

St Paul's Cray Clinic

Mickleham Road, St Paul's Cray, Orpington, BR5 2RJ

Contact: 020 8302 6322, POD Room Ext: 3851, POD Room Ext 3852, Fax: 020 8309 7929

Foot Protection Team



Biomechanics

Diabetology

Wound care

Provider:



Referral by	Email	Self referral/ GP Referral
Lead/Pathfinder	Maureen Bates	Mehmet Hussein
Telephone:	0203299 3223/ 0203299 4429	02083158715
Email:	Mbates2@nhs.net	mehmethussein@nhs.net
Access to Diabetes Consultant	✓	✗
Access to Diabetes Specialist Nurse	✓	✓
Access to Orthopaedics	✓	✗
Access to Orthotist Prosthetist	✓	✗
Access to Rehab services	✓	✗
Access to Plastics team	✓	✗
Access to Tissue Viability team	✓	✓
Access to Vascular team	✓	✓
Acute Ambulatory Area Clinic	✓	✗
Clinical Trials	✓	✗
Digital / Virtual contact	✓	✗
Education sessions for patients	✓	✓
Counselling	✓	✗
Education sessions for staff	✓	✓
Health promotion	✓	✓
Home visiting	✓	✓
Inpatient podiatry team	✓	✗
MDFT meetings	✓	✗
Non-diabetic high risk foot care	✓	✓
Diabetic Wound care	✓	✓
Out of hours service	✗	✗
Outpatient podiatry team	✓	✓
Pathfinder podiatrist	✓	✓

Provider:



Acute / MDFT



Community / FPT



Referral by	Email	Self referral/ GP Referral
Lead/Pathfinder	Maureen Bates	Mehmet Hussein
Telephone:	0203299 3223/ 0203299 4429	02083158715
Email:	Mbates2@nhs.net	mehmethussein@nhs.net
Biomechanics	✓	✓
Footwear & Orthotics	✓	✗
Chair Side Orthotics / Felt	✓	✓
Charcot	✓	✗
Compression therapy	✓	✗
Contact casting	✓	✗
Imaging access—Duplex	✓	✗
Imaging access—CT Angiography	✓	✗
Imaging access—X-ray Angiography	✓	✗
Imaging access—MRI	✓	✗
Larvae therapy	✓	✗
Microbiology	✓	✓
Nail surgery	✓	✓
Negative pressure	✓	✗
OPAT (through ED in MDFT)	✓	✗
Rheumatology, Dermatology & Haematology clinic	✓	✗
Routine podiatry (nails / corns / callous)	✓	✓
Splint and boot provision	✓	✗
Verruca treatment / Dry needling	✗	✗

PRUH Bromley Diabetes Foot Service Referral Form

This document contains merged data which appears in the red framed table at the bottom of the form. Please ensure that irrelevant data is removed.

Patient Details				
Title: Title	First Name: Given Name	Surname: Surname		
NHS Number: NHS Number	Date of Birth: Date of Birth	Gender: Gender	Age: Age	
Address: Home Full Address (single line)				
Telephone: (Home) Patient Home Telephone (Mobile) Patient Mobile Telephone				
Referral Details				
Date of Referral: Short date letter merged	Form Completed By: Current User Referring GP (If form completed on GP's behalf): Free Text Prompt			
Surgery: Organisation Name	National Practice Code: Organisation National Practice Code			
Address: Organisation Full Address (single line)			Telephone: Organisation Telephone Number	
Email: Organisation E-mail Address				
About this Form				
<p>This form should be used to make urgent referrals to the Multidisciplinary Diabetic Foot Team for the following active diabetic foot conditions: ulceration, acute Charcot foot, necrosis and infection.</p> <p>Housebound patients and those with non-urgent diabetic foot conditions, should be referred to the Community Podiatry Team using the Bromley Healthcare Single Point of Entry Referral Form.</p> <p>Referrals to this service must be made using the e-Referrals system (see details at the end of the form).</p> <p>If sepsis is suspected, the patient should be immediately referred to the Emergency Department.</p>				
1. Special Requirements				
<div><input type="checkbox"/> Patient is immobile</div> <div><input type="checkbox"/> Patient transport required</div> <div><input type="checkbox"/> Translator (Language?)</div> <div><input type="checkbox"/> Patient is housebound – Refer Urgently to Community Podiatry using Bromley Healthcare SPE Form</div> <div><input type="checkbox"/> Patient requires hoist</div> <div><input type="checkbox"/> BSL Sign Language Interpreter</div> <div><input type="checkbox"/> Other</div>				
2. Reason for Referral				
<div><input type="checkbox"/> Ulceration</div> <div><input type="checkbox"/> Necrosis</div> <div><input type="checkbox"/> Other <u>Urgent, Active</u> Diabetic Foot Condition (please state condition)</div> <div><input type="checkbox"/> Acute Charcot foot (deformity present)</div> <div><input type="checkbox"/> Any Foot Infection</div>				
For all other non-urgent diabetic foot conditions, please refer to the Community Podiatry Team using the Bromley Healthcare Single Point of Entry Referral Form (see Bromley Diabetes Foot Care Pathway).				
3. History of Presenting Complaint				
Merged consultations notes are shown in this section. Please ensure that the date of onset of symptoms and any treatment provided e.g. antibiotics prescribed, are detailed here and/or in the merged “Medication” section of the form.				
Consultations				

4. Relevant Investigations

Please insert relevant investigation results here.

5. Insert additional information, relevant consultations notes or referral letter here.

Complete for all patients unless relevant information has already been provided.

Problems
Medication
Medication
Allergies

eReferral – Guidance for Referrers/Secretaries

Choose the URGENT priority – there is NO ROUTINE SERVICE.

Search “Primary Care” and select -

Specialty: Diabetic Medicine

Clinic Type: Podiatry and Foot

e-Referral Service Name: Acute Multidisciplinary Diabetic Foot Team Service for Kings@PRUH – RJZ30

For EMIS Web users, once the appointment has been booked or you have abandoned the process always click on “Service Selection” and choose the correct option (service selected or abandoned the process). If this step is not performed the “partial” referral will appear in the work flow section as incomplete but the referral in e-Referrals will be complete.

Podiatry Referral Form

Please email to BROMH.bromleyhealthcarereferrals@nhs.net

This form contains merged data from the medical record which appears in red font or in red sections. Please delete any information which is irrelevant to this referral.

About this Form

This form should be used to refer patients to the Bromley Healthcare Podiatry Service which provides treatment of:

- painful foot problems affecting mobility
- patients with an at risk foot health status as a result of a medical condition which affects the circulation or nerves to the lower limb or foot e.g. diabetes, PVD, stroke and rheumatoid arthritis
- painful nail conditions (excluding list below)
- Infected in-growing toe nails including those requiring nail surgery
- patients requiring a biomechanical examination

Exclusions: Verrucae, fungal nails, callus with no risk, asymptomatic malformations e.g. curly toes or flat feet, diabetic foot checks. Nail care/cutting is also excluded and patients aged less than 50 years, should seek private podiatry for this. Patients over 50 can access Clip It Services through Age UK for a small charge. See www.ageuk.org.uk/bromleyandgreenwich/our-services/clip-it/ for further information.

1. Patient Details

Title: Title	First Name: Given Name Surname: Surname		
NHS Number: NHS Number	Date of Birth: Date of Birth	Gender: Gender	Age: Age
Address: Home Full Address (single line)			
Telephone: (Home) Patient Home Telephone		(Mobile) Patient Mobile Telephone	
Email: Patient E-mail Address			
Ethnicity: Ethnic Origin			

2. Referral Details

Date of Referral Short date letter merged	Form Completed By: Current User Referring Clinician (If form completed on their behalf): Free Text Prompt	Profession: <input checked="" type="checkbox"/> GP <input type="checkbox"/> Practice Nurse Other (Please state)
Surgery: Organisation Name		National Practice Code: Organisation National Practice Code
Address: Organisation Full Address (single line) Telephone: Organisation Telephone Number		
Email: Organisation E-mail Address		

3. Carer Details - Please complete manually if appropriate and this information has not merged from the patient record

Patient Carers

Title:	First Name:	Surname:
Address (If different to patient's):		
Telephone: (Home)		(Mobile)
Relationship to Patient:		

4. Next of Kin Details (If different to Carer)

Title:	First Name:	Surname:
Address (If different to patient's):		
Telephone: (Home)		(Mobile)
Relationship to Patient:		

5. Reason for Referral/Diagnosis

Please indicate the patient's current problem(s), date of diagnosis and your expectation of the result of the referral to the service required. Please provide as much detail as possible. Alternatively you may wish to attach (or insert at section 7) a letter or summary of relevant and explanatory consultations from the medical record.

6. Help Us to Help Your Patient

Please advise of any known hazard/ access issues:

- ☐ Patient is housebound - Cannot attend GP surgery or clinic for an appointment.
- ☐ Patient requires transport for a clinic appointment - Podiatry, Adult Speech and Language Therapy, Diabetes and Special Care Dental Services only.
- ☐ Patient/carer prefers language other than English. State language: _____ and dialect (if applicable): _____

Patient requires additional support for:

- ☐ Visual Impairment ☐ Hearing Impairment ☐ Learning Disability ☐ Cognitive Deficit / Dementia

How might the service best meet these needs?

- ☐ The patient has hearing impairment and would prefer to communicate via email (ensure email address is provided in section 1)

7. Further Information

Please type/paste/merge further information below. Any pre-merged information which is irrelevant to the referral should be removed.

Consultations

8. Merged Data

Any information which is irrelevant to the referral should be removed.

Problems

Medication

Allergies

Smoking Status: Single Code Entry: Tobacco consumption

Recent Investigations

Height: Single Code Entry: O/E - height

Weight: Single Code Entry: O/E - weight

BMI: Single Code Entry: Body mass index

BP: Single Code Entry: O/E - blood pressure reading

Pulse: Single Code Entry: O/E - pulse rate

Peak Flow: Single Code Entry: Peak exp. flow rate: PEFR/PFR

Haematology

Serum Haemoglobin: Single Code Entry: Haemoglobin estimation

Mean Corpuscular Volume (MCV): Single Code Entry: Mean corpuscular volume (MCV)

Serum Ferritin: Single Code Entry: Serum ferritin

Serum Folate: Single Code Entry: Serum folate

Serum Vitamin B12: Single Code Entry: Serum vitamin B12

Biochemistry

Serum Cholesterol: Single Code Entry: Serum cholesterol

Serum HDL: Single Code Entry: Serum HDL cholesterol level

Serum LDL: Single Code Entry: Serum LDL cholesterol level

Serum Triglycerides: Single Code Entry: Serum triglycerides

Serum Sodium: Single Code Entry: Serum sodium

Serum Creatinine: Single Code Entry: Serum creatinine

Glomerular Filtration Rate (non-Afro Caribbean): Single Code Entry: GFR calculated abbreviated MDRD

Glomerular Filtration Rate (Afro Caribbean): Single Code Entry: GFR calculated abbreviated MDRD adj for African Americ origin

Serum Potassium: Single Code Entry: Serum potassium

Urine Albumin:Creatinine ratio: Single Code Entry: Urine albumin:creatinine ratio

Urine Protein:Creatinine ratio: Single Code Entry: Urine protein:creatinine ratio

Serum Total Bilirubin: Single Code Entry: Serum bilirubin level

Serum ALP: Single Code Entry: Serum alkaline phosphatase

Serum AST: Single Code Entry: AST serum level

Serum TSH: Single Code Entry: Serum TSH level

Serum Free T4: Single Code Entry: Serum free T4 level

HbA1c

: HbA1c level (DCCT aligned)

: Haemoglobin A1c level - IFCC standardised

Glucose

: Plasma glucose level

Diabetes Specific Data

Date of most recent peripheral pulse check: Single Code Entry: O/E - peripheral pulses L.leg...

Retinal screening status: Single Code Entry: Seen by retinal screener...

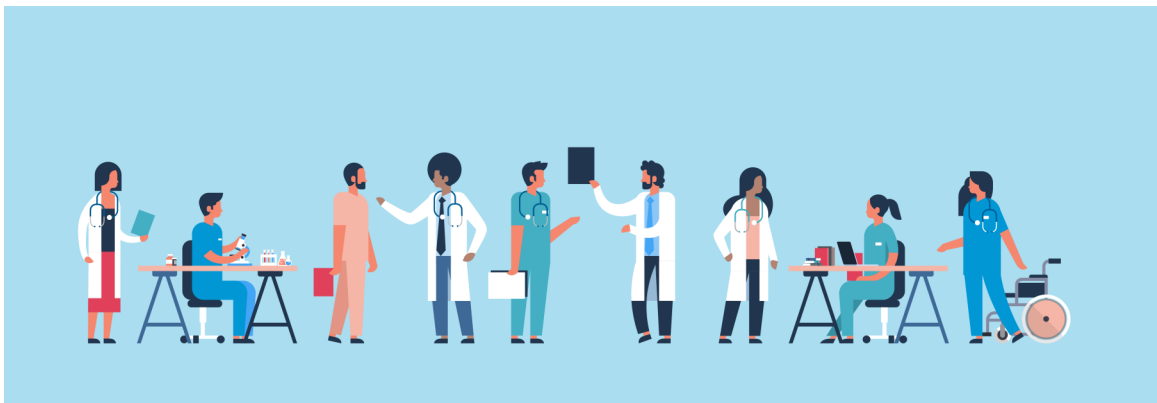
Please email to BROMH.bromleyhealthcarereferrals@nhs.net

Contact Us:

At Bromley Healthcare we are continually striving to improve our services and your feedback is vital to that end. If you have anything you would like to make us aware of please contact Teresa.Hocking@nhs.net who will ensure that any issues you may have are addressed by the most appropriate part of the organisation. Please do not send patient confidential data to this email address.

Podiatry Referral Form (BHC) 2-00 170219

GREENWICH



**Improving health
and care together**

Diabetes Foot Care Pathway

South East London, Dartford and Gravesham

Risk Level

Definition

Action

How to refer

Low

Intact foot and at low risk of damage:

- Normal foot sensation
- Palpable foot pulses
- No foot deformity
- No history of ulceration or amputation

Foot care within Primary Care Setting (GP)

- Annual Foot Screening - <http://bit.ly/How2FS>
- Foot check for tissue damage
- Referral to active care if applicable
- If intact foot but with abnormal sensation or absent pulses, refer to Foot Protection Team
- If new ulceration or acute Charcot referral to MDFT (see referral guidance under *How to refer*)

Continue to manage in Primary Care

Moderate

Intact foot but moderate risk of damage:

- Peripheral neuropathy (i.e. abnormal sensation), or
- Peripheral vascular disease (i.e. absent foot pulses)
- Deformity/lesions

Foot Care within Foot Protection Team

- Diabetes foot checks and surveillance every six months
- Foot check for tissue damage
- Regular podiatry and general foot care
- Referral to active care if applicable
- Callus removal, nail care and regular foot care review as per NICE guidelines

Foot protection team (FPT)

Via GPs to Oxleas Podiatry Service
Tel: 020 8320 3550
Via referral form
Email: oxl-ft:Podiatry@nhs.net

High

Intact foot but high risk of damage:

- Previous foot ulceration
- History of Charcot foot
- Patients on dialysis
- Previous amputation
- Neuropathy and lower limb peripheral arterial disease together
- Neuropathy in combination with callus/deformity
- Lower limb peripheral arterial disease in combination with callus/deformity

Foot Care within Foot Protection Team

- Diabetes foot checks and surveillance every two – three months
- Foot Check for tissue damage
- Regular podiatry and general foot care
- Referral to active care if applicable
- Callus removal, nail care and regular foot care review as per NICE guidelines similar to the yellow box above

MDFT specialist foot team

Via GPs to QEW MDFT Clinic eRS Referral Advice / guidance:
Tel: 0208 836 4008
Email: Lg.qeh-acutefootservice@nhs.net

Active

(Foot ulceration/charcot foot)

Current active foot tissue damage:

- Any foot ulceration
- Acute Charcot foot (hot/ swollen/painful foot)
- Any foot infection
- Septic patients should be referred to A&E with in-patient MDFT support

Rapid referral within one working day to MDFT for footcare within specialist foot team

- Triage of referrals within one working day
- MDFT review within one additional working day
- 'One-stop' case reviews
- Coordinate OPAT Care
- Refer housebound patients to FPT immediately
- Ensure patients provided with written and verbal information and contact numbers – see links to leaflets in "Important information" box

Important information

- Patients on dialysis, blind or unable to self-care to be considered as high risk.

Record risk status and inform patient of what it means.

Use the following Patient Information Leaflets:

- Low Risk Foot - http://bit.ly/R_Foot
- Moderate Risk Foot - http://bit.ly/MR_Foot
- High Risk Foot - http://bit.ly/HR_Foot
- Footwear advice - <http://bit.ly/FWear>
- Ensure patient has both written and verbal information, and contact numbers as needed.
- Callus removal, nail care and regular foot care review as per NICE guidelines.

If new ulceration or acute Charcot foot always refer to specialist multi-disciplinary foot team (MDFT) within 24 hours



GREENWICH—Queen Elizabeth Hospital

MDFT | DIABETIC FOOT—RAPID ACCESS CLINIC



Area D, Queen Elizabeth Hospital, Stadium Road, Woolwich, London SE18 4QH

(Provider—Lewisham & Greenwich NHS Foundation Trust)



0208 836 4008



Lg.geh-acutefootservice@nhs.net



MDFT Clinic Times: Thursday 11.00-13.00

Podiatry led ambulatory clinic: Monday & Friday 9.00-12.00

SPOKE MDFT



Diabetologist

Microbiology

Podiatrist

Vascular surgeon

Wound care

PODIATRY TEAM MEMBERS



Diabetes Podiatry Lead:

Catherine Edmeades, Catherine.edmeades@nhs.net

Other podiatrists:

Kate Gilbert, Kate.gilbert2@nhs.net

Diabetology:

Dr Chika-Ezerioha,
i.chika-ezerioha@nhs.net

Dr Debbie-Ann Charles
Debbie-anncharles@nhs.net

Microbiology:

Martino Dallantonia, mdallantonia@nhs.net

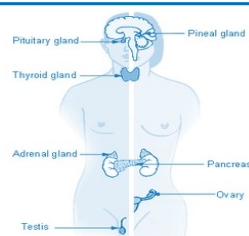
Sarah Starkey, sarah.starkey@nhs.net

Chief Vascular Scientist:

Emma Waldegrave, e.waldegrave@nhs.net

Please note—all diabetologists/microbiologists do not come to each clinic, they alternate

KEY MULTI DISCIPLINARY FOOT TEAM CONTACTS



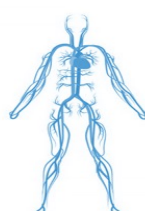
DIABETOLOGY (Key member)

Dr Jennifer Tremble
Jennifer.tremble@nhs.net



MICROBIOLOGY

Juliet Uwagwu
julietuwagwu@nhs.net



VASCULAR (Key member)

Dr Prakash Saha
Prakash.saha@kcl.ac.uk



ANTIBIOTIC PHARMACIST

Christopher Wood
Christopher.wood5@nhs.net

GREENWICH—COMMUNITY

FPT | OXLEAS NHS FOUNDATION TRUST



Various Locations across the community . Podiatry Administration—Greenwich and Bexley—151—153
Lodge Hill, Goldie Leigh, Abbey Wood, SE2 0AY



Contact point for all clinics: 020 8320 3550



oxl-tr.Podiatry@nhs.net



Various, see below

PODIATRY TEAM MEMBERS

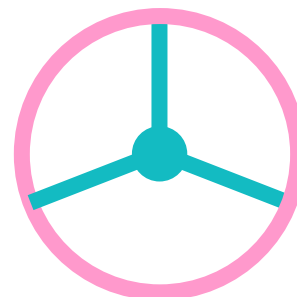


Podiatry Lead: Catherine Edmeades,
Catherine.edmeades@nhs.net

Other podiatrists:

Emma Pearce , Susanne Olsen, Hayley Birch, Felicity Devereux

Foot Protection Team



Biomechanics and orthoses

Wound care

Diabetology

SITES—Community wound clinics

Greenwich Square Health Centre (Wednesday afternoon)

2nd Floor
12 Lambarde Square
SE10 9GB

Kidbrooke Health Centre (Tuesday morning)

7 Elford Close
SE3 9FE

Manor Brook Medical Centre (Wednesday mornings)

117 Brook Lane
Blackheath
SE3 0EN

Market Street Health Centre (Thursday and Friday mornings)

20 Market St
Woolwich SE18 6QR



Acute / MDFT



Community / FPT

Provider:



Referral by	Email	Post or Email
Lead/Pathfinder	Catherine Edmeades	Catherine Edmeades
Telephone:		0208 8320 3550
Email:	Lg.qeh-acutefootservice@nhs.net	oxl-tr.Podiatry@nhs.net
Access to Diabetes Consultant	✓	✗
Access to Diabetes Specialist Nurse	✓	✗
Access to Orthopaedics	✓	✗
Access to Orthotist Prosthetist	✓	✓
Access to Rehab services	✗	✗
Access to Plastics team	✓	✗
Access to Tissue Viability team	✓	✓
Acute Ambulatory Area Clinic	✓	✗
Clinical Trials	✗	✗
Digital / Virtual contact	✗	✗
Education sessions for patients	✓	✓
Education sessions for staff	✓	✓
Health promotion	✓	✓
Home visiting	✗	✓
Inpatient podiatry team	✓	✓
MDFT meetings	✓	✗
Non-diabetic high risk foot care	✗	✓
Out of hours service	✗	✗
Outpatient podiatry team	✓	✗
Counselling	✗	✓



Acute / MDFT



Community / FPT

Provider:


Lewisham and Greenwich
NHS Trust


Improving lives

Referral by	Email	Post or Email
Lead/Pathfinder	Catherine Edmeades	Catherine Edmeades
Telephone:		0208 8320 3550
Email:	Lg.qeh-acutefootservice@nhs.net	oxl-tr.Podiatry@nhs.net
Biomechanics	✓	✓
Chair Side Orthotics / Felt	✓	✓
Charcot	✓	✓
Compression therapy	✗	✗
Contact casting	✗	✗
Footwear & Orthotics	✓	✓
Imaging access—Duplex	✓	✗
Imaging access—CT Angiography	✓	✗
Imaging access—X-ray Angiography	✗	✗
Imaging access—MRI	✓	✗
Larvae therapy	✓	✗
Microbiology	✓	✗
Nail surgery	✗	✓
Negative pressure	✗	✗
OPAT	✓	✗
Pain clinic	✗	✗
Podiatric surgery	✗	✓
Rheumatology clinic	✗	✗
Routine podiatry (nails / corns / callous)	✗	✓
Splint and boot provision	✓	✓
Verruca treatment / Dry needling	✗	✗

Referral Form for Podiatry Assessment

PLEASE COMPLETE ON BOTH SIDES,
IN INK, USING BLOCK CAPITALS AND
RETURN TO THIS ADDRESS:



PODIATRY ADMINISTRATION,
151 GOLDIE LEIGH
LODGE HILL
LONDON, SE2 0AY
TELEPHONE NUMBER: 02083203550
FAX TO: 0208 3203567
E-MAIL TO: oxl-tr.podiatry@nhs.net

SURNAME..... FORENAMES.....

ADDRESS..... (Mr / Mrs / Miss / Ms / Child – please delete)

.....POSTCODE.....

TELEPHONE.....

MOBILE.....

Please note we now have a text message reminder service so please include a mobile phone number if available. If you do not want to receive text message reminders please tick this box ☐

DATE OF BIRTH

--	--	--	--	--	--	--	--	--	--

NHS NO.

--	--	--	--	--	--	--	--	--	--

SFX

MALE

☐

FEMALE

☐

CONTACT NAME (FRIEND, NEIGHBOUR, NEXT OF KIN)

Contact number.....

GP NAME.....

ADDRESS.....

TELEPHONE.....

DETAILS OF FOOT PROBLEM: (Any incomplete referrals may be sent back to the referrer)

.....
.....
.....
.....
.....
.....

Please note:

- We are unable to accept any referrals to our service for patients under the age of 18
- Verrucae - appointments will be for advice only as this condition is not currently treated by our service
- Routine nail cutting – this is not currently commissioned for low risk patients.
- Health education sessions – sessions are available for all patients and provide advice on foot conditions and self-care regimes. (Please note that no treatment will be provided in these sessions)
- Musculoskeletal issues (foot pain not related to corns or callus) requiring a biomechanical assessment and/or foot surgery (cannot be a self referral) please send the referral to msk.greenwich@nhs.net. (Any referrals sent to the community podiatry team for musculoskeletal issues may be sent back to the referrer)

Has there been any previous referral to the podiatry service? YES / NO (please delete as appropriate)

If yes please state reason for previous referral.....

MEDICAL CONCERNS

<input type="checkbox"/> Diabetes: last HbA1c <input type="text"/> <input type="checkbox"/> Ischemia (Poor circulation) <input type="checkbox"/> Neuropathy <input type="checkbox"/> History of amputation (lower limb digits) <input type="checkbox"/> Connective tissue disease (eg Rheumatoid arthritis, Lupus, Ankylosing Spondylitis) <input type="checkbox"/> Renal Disease (Kidney problems)	<input type="checkbox"/> Severe skin disorders (ie Psoriasis, dermatitis) <input type="checkbox"/> Cancer therapy <input type="checkbox"/> Spinal injury/nerve lesion <input type="checkbox"/> Stroke <input type="checkbox"/> None of the above <input type="checkbox"/> Other (please state below)
--	---

Allergies.....

Smoker? Yes /NO (please delete as appropriate)

MEDICATIONS: Please attach most recent prescription to this referral

ANY OTHER RELEVANT INFORMATION? eg wheelchair access / housebound / bedbound

KEYCODE REQUIRED: YES / NO (please delete as appropriate)

Interpreter Required (Which Language).....

SIGNATURE OF APPLICANT.....

PRINT NAME.....

DATE.....

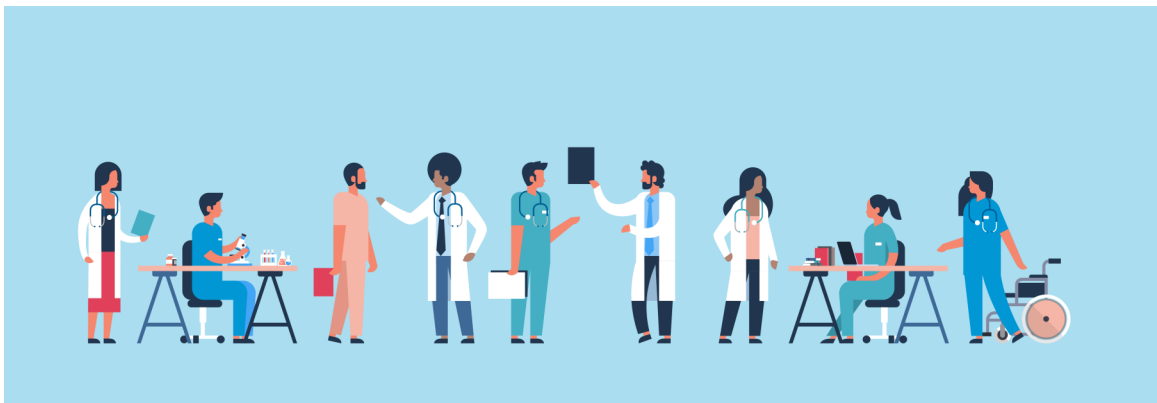
ADDRESS.....

TELEPHONE.....

EMAIL ADDRESS.....

Ethnic Monitoring Data: (mandatory)		
<input type="checkbox"/> White	<input type="checkbox"/> British <input type="checkbox"/> Irish	<input type="checkbox"/> Any other White background
<input type="checkbox"/> Mixed	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African	<input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background
<input type="checkbox"/> Asian or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background
<input type="checkbox"/> Black or Black British	<input type="checkbox"/> Caribbean <input type="checkbox"/> African	<input type="checkbox"/> Any other Black background
<input type="checkbox"/> Other Ethnic Groups	<input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group	
<input type="checkbox"/> Not Stated		

LAMBETH & SOUTHWARK



**Improving health
and care together**

Diabetes Foot Care Pathway

South East London, Dartford and Gravesham



NHS
Southwark
Clinical Commissioning Group

NHS
Lambeth
Clinical Commissioning Group

Risk Level

Definition

Action

How to refer

Low

Intact foot and at low risk of damage:

- Normal foot sensation
- Palpable foot pulses
- No foot deformity
- No history of ulceration or amputation

Foot care within Primary Care Setting (GP)

- Annual Foot Screening - <http://bit.ly/How2FS>
- Foot check for tissue damage
- Referral to active care if applicable
- If intact foot but with abnormal sensation or absent pulses, refer to Foot Protection Team
- If new ulceration or acute Charcot referral to MDT (see referral guidance under *How to refer*)

Continue to manage in Primary Care

Moderate

Intact foot but moderate risk of damage:

- Peripheral neuropathy (i.e. abnormal sensation), or
- Peripheral vascular disease (i.e. absent foot pulses)
- Deformity/lesions

Foot Care within Foot Protection Team

- Diabetes foot checks and surveillance every six months
- Foot check for tissue damage
- Regular podiatry and general foot care
- Referral to active care if applicable
- Callus removal, nail care and regular foot care review as per NICE guidelines

Foot protection team (FPT)

Via GPs to Lambeth & Southwark Community Footcare Service
Tel: 020 3049 7900
Via referral form
Email: gst-tr.communityfoothealth@nhs.net

High

Intact foot but high risk of damage:

- Previous foot ulceration
- History of Charcot foot
- Patients on dialysis
- Previous amputation
- Neuropathy and lower limb peripheral arterial disease together
- Neuropathy in combination with callus/deformity
- Lower limb peripheral arterial disease in combination with callus/deformity

Foot Care within Foot Protection Team

- Diabetes foot checks and surveillance every two – three months
- Foot Check for tissue damage
- Regular podiatry and general foot care
- Referral to active care if applicable
- Callus removal, nail care and regular foot care review as per NICE guidelines similar to the yellow box above

Rapid referral within one working day to MDT for footcare within specialist foot team

- Triage of referrals within one working day
- MDT review within one additional working day
- 'One-stop' case reviews
- Coordinate OPAT Care
- Refer housebound patients to FPT immediately
- Ensure patients provided with written and verbal information and contact numbers – see links to leaflets in "Important information" box

MDT specialist foot team

Via GPs to GSTT or KCH MDT clinics
GSTT: 020 7188 1913
KCH: 020 3299 3223
eRS referral - Email: gst-tr.diabetesAndEndocrine@nhs.net
KCH: kch-tr.DReferrals@nhs.net

Active

(Foot ulceration/charcot foot)

Current active foot tissue damage:

- Any foot ulceration
- Acute Charcot foot (hot/ swollen/painful foot)
- Any foot infection
- Septic patients should be referred to A&E with in-patient MDT support

If new ulceration or acute Charcot foot always refer to specialist multi-disciplinary foot team (MDT) within 24 hours




Important information

- Patients on dialysis, blind or unable to self-care to be considered as high risk.


Record risk status and inform patient of what it means.

Use the following Patient Information Leaflets:


- Low Risk Foot - http://bit.ly/LR_Foot
- Moderate Risk Foot - http://bit.ly/MR_Foot
- High Risk Foot - http://bit.ly/HR_Foot
- Footwear advice - <http://bit.ly/FWear>
- Ensure patient has both written and verbal information, and contact numbers as needed.
- Callus removal, nail care and regular foot care review as per NICE guidelines.




Diabetic Foot Clinic, Cheyne Wing, Kings College Hospital, SE5 9RS
(Provider—King’s College Hospital NHS Foundation Trust)



0203 299 3223

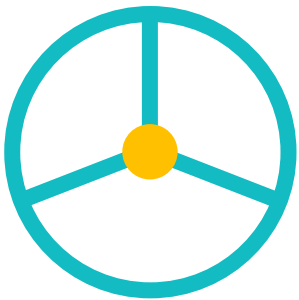


kch-tr.DFReferrals@nhs.net



MDFT clinic times: KCH: Monday—Friday 9.00-17.00

HUB MDFT



Casting

Diabetology

Interventional radiology

Microbiology

Biomechanics

Podiatry

Vascular Surgeon

Wound Care

DSN

PODIATRY TEAM MEMBERS







Lead Podiatrist:
Maureen Bates, mbates2@nhs.net
0203299 3223, 0203299 4429

Pathfinder podiatrist:
Hetal Patel, hetal.patel11@nhs.net
Sarah Davies sarah.davies58@nhs.net

Other Podiatrists contact details:
Jody Lucas, jody.lucas@nhs.net, 01689 865000 Ext 65201

Service Manager:
Lynette Clarke, lynette.clarke@nhs.net

KEY MULTI DISCIPLINARY FOOT TEAM CONTACTS

	DIABETOLOGY Dr Prashanth Vas prashanth.vas@nhs.net Dr Chris Manu chris.manu@nhs.net Prof Michael Edmonds michael.edmonds@nhs.net		VASCULAR Mr Hisham Rashid Hisham.rashid@nhs.net Mr Hani Slim Hani.slim@nhs.net
	ORTHOPAEDIC Prof Venu Kavarthapu venu.kavarthapu@nhs.net		PODIATRY Maureen Bates mbates2@nhs.net



Podiatry Centre, Artesian Building, 94 Alscot Road, Bermondsey, SE1 3GG



020 3049 7900



gst-tr.communityfoothealth@nhs.net

PODIATRY TEAM MEMBERS



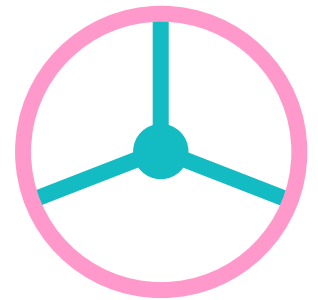
Clinical & Quality Lead Podiatry Department:

Nick Tuck - nicholas.tuck@gstt.nhs.uk

Laura Price - laura.price@gstt.nhs.uk

Monica Fisk - Monica.fisk@gstt.nhs.uk

Foot Protection Team



Biomechanics and orthoses

Diabetology

Wound care

Treat mobility issues

Treat deformities

**Reduce the risk of ulceration
and amputation**

SITES

Podiatry Centre, Artesian Building, 94 Alscot Road, Bermondsey, SE1 3GG

153 Peckham High St, Peckham, SE15 5SL

86 Clapham Manor St, Clapham SW4 6EB, 2-8 Gracefield Gardens, Streatham, SW16 2ST

214-218 Norwood Road, Norwood, SE27 9AW

39 Wilcox Close, Vauxhall, SW8 2UD

Duwich Hospital, Betty Alexander Suite, East Dulwich Gove, SE22 8PT

Lambeth Community Care Centre, Monkton Street, SE11 4TX

Akerman Health Centre, Patmos Road, SW9 6AF

PODIATRY | SERVICE DETAILS

Provider:



Acute / MDFT



Community / FPT

 **NHS**
Guy's and St Thomas' NHS Foundation Trust

 **NHS**
King's College Hospital NHS Foundation Trust

 **NHS**
Guy's and St Thomas' NHS Foundation Trust

Referrals by:	Email or phone	Email
Lead / Pathfinder:	Tejal Patel	Monica Fisk / Laura Price
Email	tejal.patel@gstt.nhs.uk	Monica.fisk@gstt.nhs.uk
Telephone	0207 188 2449	0203 049 7900
Access to Diabetes Consultant	✓	✓
Access to Diabetes Specialist Nurse	✓	✓
Access to Orthopaedics	✓	✗
Access to Orthotist Prosthetist	✓	✗
Access to Rehab services	✓	✗
Access to Plastics team	✓	✗
Access to Tissue Viability team	✓	✓
Access to Vascular team	✓	✓
Acute Ambulatory Area Clinic	✓	✗
Clinical Trials	✓	✗
Digital / Virtual contact	✓	✓
Education sessions for patients	✓	✓
Education sessions for staff	✓	✓
Health promotion	✓	✓
Home visiting	✗	✓
Inpatient podiatry team	✓	✗
MDFT meetings	✓	✗
Non-diabetic high risk foot care	✓	✓
Out of hours service	✓ (inpatient only)	✗
Outpatient podiatry team	✓	✗
Pathfinder podiatrist	✓	✗

Provider:



Referrals by:	Email or phone	Email
Lead / Pathfinder:	Tejal Patel	Monica Fisk / Laura Price
Email	tejal.patel@gstt.nhs.uk	Monica.fisk@gstt.nhs.uk
Telephone	0207 188 2449	0203 049 7900
Biomechanics	✓	✓
Chair Side Orthotics / Felt	✓	✓
Charcot	✓	✗
Compression therapy	✓	✓
Contact casting	✓	✗
Footwear & Orthotics	✓	✓
Imaging access—Duplex	✓	✗
Imaging access—CT Angiography	✓	✗
Imaging access—X-ray Angiography	✓	✗
Imaging access—MRI	✓	✓
Larvae therapy	✓	✓
Microbiology	✓	✓
Nail surgery	✓	✓
Negative pressure	✓	✗
OPAT	✓	✗
Pain clinic	✓	✗
Podiatric surgery	✓	✓
Rheumatology clinic	✓	✗
Routine podiatry (corns / callous)	✓	✓
Splint and boot provision	✓	✗
Verruca treatment / Dry needling	✗	✓

Referral Form: Community Podiatry (Foot Health)

Our service is available to anyone with a Lambeth or Southwark GP (our emergency clinics are open to all)
 We accept self-referrals as well as those from GPs and other Healthcare Professionals.
 You can either complete the form yourself or on behalf of the patient.

Patient details

Title		First name		Last name	
Date of birth			NHS Number (if known)		
Address (including Post Code)					
Main contact tel number			Email address		
Interpreter required?			If yes, which language?		

Patient's General Practitioner

GP name	Dr
Practice address	

Referral Reason / Foot Problem – please include as much detail as possible such as duration of symptoms and any treatment received to date

--

General Health – please list any medical conditions / surgical procedures

--

Current Medication - you can attach a prescription sheet if easier

--

Known Allergies

--

Date Referral Form Completed

--

Referrer details (if completing on behalf of the patient)

Name	
Address/Organisation	
Contact number	

Returning your form:

- Please email your completed form to: **gst-tr.communityfoothealth@nhs.net**
- For paper copies please send a scan/clear photo of each page to the email address above
- You can also deliver your completed form in person to one of our clinics
- Alternatively, you can post your completed form to:
The Podiatry Centre, Artesian Building, 94 Alscot Road, London, SE1 3GG
- Healthcare professionals may also return completed forms via e-RS
- Please note that incomplete or illegible forms will be returned

If your foot problem is urgent, please do not return this form. Instead take this completed form with you to the next available Emergency clinic (please see details below).

What happens next?

Your referral form will be reviewed by a podiatrist. It is therefore important that you provide as much information about your foot problem as possible in order to be offered the correct type of clinic appointment.

Once your form has been reviewed, we will contact you within two weeks with details of how to arrange your appointment. Please note that some of our specialist services are not available at all locations.

Emergency clinics

These clinics are open to anyone who has a foot problem that is **urgent** e.g. foot ulceration, open wounds, bleeding/pus in nails or feet, red/hot/swollen infected foot, and foreign body injuries (for a full list of criteria see our website or contact us for advice). The emergency clinics can become busy so please be prepared to wait. Please complete this form and take it to the reception desk at your preferred location. Please note that non-urgent foot problems will be refused treatment and a booked appointment will be offered instead.

Day	Time	Emergency Clinic	Address
Monday	1:30pm -3:40pm	Gaumont Surgery	153 Peckham High St Peckham SE15 5SL
Monday	1:20pm -3:40pm	Manor Health Centre	86 Clapham Manor St Clapham SW4 6EB
Tuesday	1:20pm -3:40pm	Gracefield Gardens	2-8 Gracefield Gardens Streatham SW16 2ST
Wednesday	9:40am -12:00pm	Elmcourt Health Centre	214-218 Norwood Road Norwood SE27 9AW
Wednesday	1:30pm -3:40pm	The Podiatry Centre	94 Alscot Road Bermondsey SE1 3GG
Thursday	1:20pm -3:40pm	Mawbey Brough Health Centre	39 Wilcox Close Vauxhall SW8 2UD
Friday	1:20pm -3:40pm	Mawbey Brough Health Centre	39 Wilcox Close Vauxhall SW8 2UD
Friday	1:30pm -3:40pm	The Podiatry Centre	94 Alscot Road Bermondsey SE1 3GG

If you have any general queries or would like to speak to someone you can call us on **Tel: 0203 049 7900**
Alternatively, for more details on our service or to download a copy of this form please visit our website:
www.guysandstthomas.nhs.uk/our-services/community-podiatry

LEWISHAM



**Improving health
and care together**

Diabetes Foot Care Pathway

South East London, Dartford and Gravesham



Risk Level	Definition	Action	How to refer
Low	Intact foot and at low risk of damage: <ul style="list-style-type: none"> Normal foot sensation Palpable foot pulses No foot deformity No history of ulceration or amputation 	Foot care within Primary Care Setting (GP) <ul style="list-style-type: none"> Annual Foot Screening - http://bit.ly/How2FS Foot check for tissue damage Referral to active care if applicable If intact foot but with abnormal sensation or absent pulses, refer to Foot Protection Team If new ulceration or acute Charcot referral to MDFT (see referral guidance under <i>How to refer</i>) 	<p>Continue to manage in Primary Care</p> <p>Foot protection team (FPT)</p> <p>Via GPs to Lewisham Podiatry Service</p> <p>Downham H&LC 02030491800 lg.fhsdownhamhc@nhs.net</p> <p>Jenner HC 02030492446 lg.fhsjennerhc@nhs.net</p> <p>Lee HC 02030492070 lg.fhsleehc@nhs.net</p> <p>Sydenham Green HC 02030492737 lg.fhsSydenhamgreenhc@nhs.net</p> <p>South Lewisham HC 02030492503 lg.fhsSouthlewishamhc@nhs.net</p> <p>Waldron HC 02030493402 lg.fhsWaldronhc@nhs.net</p> <p>Lewisham Hospital Community Clinic 02031926790 lg.fhsLewishamhospital@nhs.net</p> <p>Lewisham Home visiting service 0203049186070 lg.fhsHomevisitingsservice@nhs.net</p> <p>Acute Foot Service & MDFT 02031926612 Lh.acuteFootservices@nhs.net</p> <p>➡ ➡ ➡</p>
Moderate	Intact foot but moderate risk of damage: <ul style="list-style-type: none"> Peripheral neuropathy (i.e. abnormal sensation), or Peripheral vascular disease (i.e. absent foot pulses) Deformity/lesions 	Foot Care within Foot Protection Team <ul style="list-style-type: none"> Diabetes foot checks and surveillance every six months Foot check for tissue damage Regular podiatry and general foot care Referral to active care if applicable Callus removal, nail care and regular foot care review as per NICE guidelines 	
High	Intact foot but high risk of damage: <ul style="list-style-type: none"> Previous foot ulceration History of Charcot foot Patients on dialysis Previous amputation Neuropathy and lower limb peripheral arterial disease together Neuropathy in combination with callus/deformity Lower limb peripheral arterial disease in combination with callus/deformity 	Foot Care within Foot Protection Team <ul style="list-style-type: none"> Diabetes foot checks and surveillance every two – three months Foot Check for tissue damage Regular podiatry and general foot care Referral to active care if applicable Callus removal, nail care and regular foot care review as per NICE guidelines similar to the yellow box above 	
Active (Foot ulceration/Charcot foot)	Current active foot tissue damage: <ul style="list-style-type: none"> Any foot ulceration Acute Charcot foot (not swollen/painful foot) Any foot infection Septic patients should be referred to A&E with in-patient MDFT support 	Rapid referral within one working day to MDFT for footcare within specialist foot team <ul style="list-style-type: none"> Triage of referrals within one working day MDFT review within one additional working day 'One-stop' case reviews Coordinate OPAT Care Refer housebound patients to FPT immediately Ensure patients provided with written and verbal information and contact numbers – see links to leaflets in "Important information" box 	

Important information

- Patients on dialysis, blind or unable to self-care to be considered as high risk.

Record risk status and inform patient of what it means.

Use the following Patient Information Leaflets:

- Low Risk Foot - http://bit.ly/LR_Foot
- Moderate Risk Foot - http://bit.ly/MR_Foot
- High Risk Foot - http://bit.ly/HR_Foot
- Footwear advice - <http://bit.ly/FWear>
- Ensure patient has both written and verbal information, and contact numbers as needed.
- Callus removal, nail care and regular foot care review as per NICE guidelines.

If new ulceration or acute Charcot foot always refer to specialist multi-disciplinary foot team (MDFT) within 24 hours



LEWISHAM—University Hospital Lewisham

MDFT | ACUTE FOOT CLINIC



Acute Foot Service University Hospital Lewisham, Suite 9, 2nd Floor, Yellow Zone, University High Street, London, SE13 6LH



020 3192 6602



Lh.acutefootservices@nhs.net



Full MDFT Clinics: Tuesday 8.00-13.00

Podiatry led MDFT clinics Monday, Wednesday, Thursday, Friday 9.00-17.00

SPOKE MDFT



Diabetology

Vascular Surgeon

Podiatrist

Microbiology –Virtual

Orthopaedics

Footwear & Orthotics

Casting

Wound Care

OPAT

PODIATRY TEAM MEMBERS



Principal Wound Care Podiatrist:

Sarah Cashman, Sarah.cashman@nhs.net

Advanced Wound Care Lead Podiatrist:

Carmel Nash, carmel.nash@hs.net

Vicky Whitehead, victoriawhitehead@nhs.net

Head of Podiatry:

Ciaran Devlin, Ciaran.devlin@nhs.net

KEY MULTI DISCIPLINARY FOOT TEAM CONTACTS

	DIABETES Ruvan Kottegoda, Consultant Diabetes Physician		Principal Podiatrist Sarah.cashman@nhs.net
	VASCULAR Clinical fellow can be con- tacted via Mr Sanjay Patel Sanjay.patel@gstt.nhs.uk		Lead Podiatrist Victoriawhitehead@nhs.net

LEWISHAM—COMMUNITY

FPT | LEWISHAM AND GREENWICH NHS TRUST



Various Locations, see below



Downham H&LC BR1 5EP lg.fhsdownhamhc@nhs.net,
Jenner HC SE23 1HU lg.fhsjennerhc@nhs.net,
Community Foot Health (UHL) SE13 6LH Lg.fhslewishamhospital@nhs.net
Lee HC SE12 8NP lg.fhsleehc@nhs.net,
Sydenham Green HC SE26 4TH lg.fhssydenhamgreenhc@nhs.net,
South Lewisham HC SE6 2SP lg.fhssouthlewishamhc@nhs.net,
Waldron HC SE14 6LD lg.fhswaldronhc@nhs.net
Lewisham Home Visiting Services lg.fhshomevisiting@nhs.net



Monday-Friday 9.00-17.00

PODIATRY TEAM MEMBERS



Lead Diabetes Podiatrist:

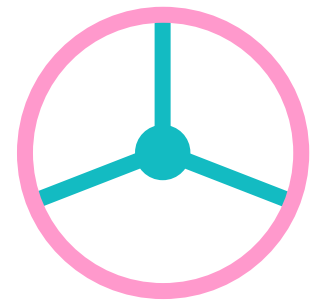
Carmel Nash, Carmel.nash@nhs.net

Head of Podiatry:

Ciaran Devlin, Ciaran.devlin@nhs.net

Community service referrals by application form via GP, PN,
HCA, Self referral

Foot Protection Team



Biomechanics and Orthoses

Diabetology (Podiatrists
attend post graduate course
in Diabetes)

Wound care

SITES

Downham Health and Leisure Centre, 7-9 Moorside Road, Bromley BR1 5EP. **020 3049 1800**

Jenner Health Centre, 201 Stanstead Road, London SE23 1HU. **020 3049 2446**

Lee Health Centre, 2 Handen Road, London, SE12 8NP. **020 3049 2114**

Sydenham Green Health Centre, 26 Holmshaw Close, London, SE26 4TH . **020 3049 2737**

South Lewisham Health Centre, 50 Conisborough Crescent, London, SE6 2SP. **020 3049 2503**

Waldron Health Centre, Amersham Vale, New Cross, London, SE14 6LD. **020 3049 3402**

Community Foot Health, Suite 1 (Purple Zone) University Hospital Lewisham, Lewisham High St, SE13 6LH. **020 3192 6790**



Acute / MDFT



Community / FPT

Provider:



Referral by:	Email	Email
Lead / Pathfinder:	Sarah Cashman	Carmel Nash
Email	Lh.acutefootservices@nhs.net	Via community clinic email
Access to Diabetes Consultant	✓	✗
Access to Diabetes Specialist Nurse	✓	✗
Access to Orthopaedics	✓	✗
Access to Orthotist Prosthetist	✓	✗
Access to Rehab services	✗	✗
Access to Plastics team	✗	✗
Access to Tissue Viability team	✓	✗
Access to Vascular team	✓	✗
Acute Ambulatory Area Clinic	✓	✗
Clinical Trials	✗	✗
Digital / Virtual contact	✗	✗
Education sessions for patients	✓	✓
Education sessions for staff	✓	✓
Home visiting	✓	✓
MDFT meetings	✓	✓
Non-Diabetic foot ulcer care	✓	✓
Non-diabetic high risk foot care	✗	✓
Out of hours service	✗	✗
Outpatient podiatry team	✓	✓
Pathfinder podiatrist	✗	✗
Podiatric Surgery	✗	✗
Routine Podiatry	✗	✓



Acute / MDFT



Community / FPT

Provider:



Referral by:	Email	Email
Lead / Pathfinder:	Sarah Cashman	Sarah Cashman
Email	Sarah.cashman@nhs.net	Sarah.cashman@nhs.net
Biomechanics	✓	✓
Chair Side Orthotics / Felt	✓	✓
Charcot	✓	✗
Compression therapy	✗	✗
Contact casting	✓	✗
Footwear & Orthotics	✓	✓
Imaging access—Duplex	✓	✗
Imaging access—CT Angiography	✓	✗
Imaging access—X-ray Angiography	✓	✗
Imaging access—MRI	✓	✗
Larvae therapy	✓	✗
Microbiology - Virtual access	✓	✓
Nail surgery	✓	✓
Negative pressure	✓	✗
Non-Diabetic foot ulcer care	✓	✓
Non Diabetic High Risk foot care	✗	✓
OPAT	✓	✗
Out of Hours	✗	✗
Inpatient podiatry team	✓	✗
Outpatient podiatry team	✓	✗
Routine podiatry (nails / corns / callous)	✗	✓
Splint and boot provision	✓	✓

FOOT HEALTH SERVICES

Application Form

WHO DO WE SEE? The Foot Health Service team sees anyone registered with a Lewisham GP who has a health condition which impacts on the health of their feet or who has a significant foot problem (wound, acutely ingrowing nail or painful MSK condition)

HOW DO I APPLY? Please complete this application form and give it, email it or or post it, to the Foot Health Service clinic of your choice. Your application form will then be registered and triaged. If you meet our access criteria for the service we will send you a letter asking you to contact the clinic to arrange an agreed appointment. If you do not meet our access criteria, we will inform you of that outcome.

THE FIRST APPOINTMENT On the day of your agreed appointment you will have your foot problem assessed and advice will be given as appropriate. Not everyone will need treatment, but it will be provided for those who do. Advice about how to manage a foot problem more effectively yourself may be all that is required.

Ladywell Building South Lewisham Hospital Lewisham High St Lewisham SE13 6LH Lq.fhslewishamhospital@nhs.net Tel: 020 3192 6790	Downham Health & Leisure Centre 7-9 Moorside Road Downham, Bromley BR1 5EP lq.fhsgdownhamho@nhs.net Tel: 020-3049-1800	Jenner Health Centre 201 Stanstead Road Forest Hill SE23 1HU lq.fh Jennerho@nhs.net Tel: 020 3049 2446
Lee Health Centre 2 Handen road SE12 8NP lq.fhslleehc@nhs.net Tel: 020 3049 2114/2070	Sydenham Green HC 26 Holmshaw Close SE26 4TH lq.fhssydenhamgreenhc@nhs.net Tel: 020 3049 2737	South Lewisham Health Centre 50 Conisborough Crescent SE6 2SP lq.fhssouthlewishamhc@nhs.net Tel: 020 3049 2503
Waldron Health Centre Amersham Vale London SE14 6LD lq.fhswaldronhc@nhs.net Tel: 020 3049 3402	If you are applying for a home visit , please send this completed form to: Lewisham Domiciliary Clerk , Downham Health and Leisure Centre 7-9 Moorside Road BR1 5EP lq.fhshomevisiting@nhs.net Tel: 020 3049 1860	

It is important to **complete this form in full**. Your appointment will depend upon the information you give us. **Please ask** if you do not understand any part. **Incomplete forms will be returned.**

Today's Date: _____ Date received (office use only) _____

A) PATIENT DETAILS

Title: Mr/Mrs/Miss/Other:		Date of Birth:
Surname:	Forename:	
Address:		
Postcode:		
Telephone:		
HOME:		WORK: MOBILE:
Gender:	NHS Number::	
MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		
Height.....	Weight.....	
If an interpreter is needed what language is spoken? _____		
Emergency contact name:		Relationship to patient:
ADDRESS:		CONTACT NUMBER:
POST CODE:		
Do you have a long-standing disability, illness or infirmity that limits your day-to-day activities?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes , what is the nature of your disability? (e.g wheelchair user, visual or hearing impairment etc.)		
.....		

B) GENERAL PRACTITIONER DETAILS

GP NAME:
ADDRESS:
TELEPHONE:

Are you registered with Dial-a-Ride? Yes / No Do you travel by car or taxi? Yes / no

Do you attend a day centre? Yes/No If 'Yes', please state name of day centre and days you attend.

Are you registered with a mobility scheme? Yes / No

Please state your medical/physical reasons for being bedbound/chair-bound:

D) FOOT PROBLEMS

Please give **precise details** of your foot problem(s) including symptoms.
If this section is left blank the form will be returned to the patient/sender.

E) GENERAL HEALTH DETAILS

Please indicate with a tick ☒

Do you have any medical problems? : Yes ☐ No ☐

If yes, do you have any of the following problems:

Diabetes	<input type="checkbox"/>	Heart / Circulation	<input type="checkbox"/>
Rheumatoid Illness	<input type="checkbox"/>	Chest / breathing	<input type="checkbox"/>
Blood / bleeding	<input type="checkbox"/>	Liver problems	<input type="checkbox"/>
Kidney problems	<input type="checkbox"/>	Cancer	<input type="checkbox"/>

Any other health problems not mentioned above?

F) MEDICATION

Please indicate with a tick ✓

Do you currently take any medication,
including tablets, creams, inhalers or injections? Yes ☐ No ☐

If 'Yes' please give details below

G) REFERRAL DETAILS

(Please complete this section if you are referring someone other than yourself)

NAME:

DEPARTMENT / ORGANISATION:

ADDRESS:

TELEPHONE:

EXTENSION:

To help us provide a fair service to all the residents of Lewisham, please complete the section below.

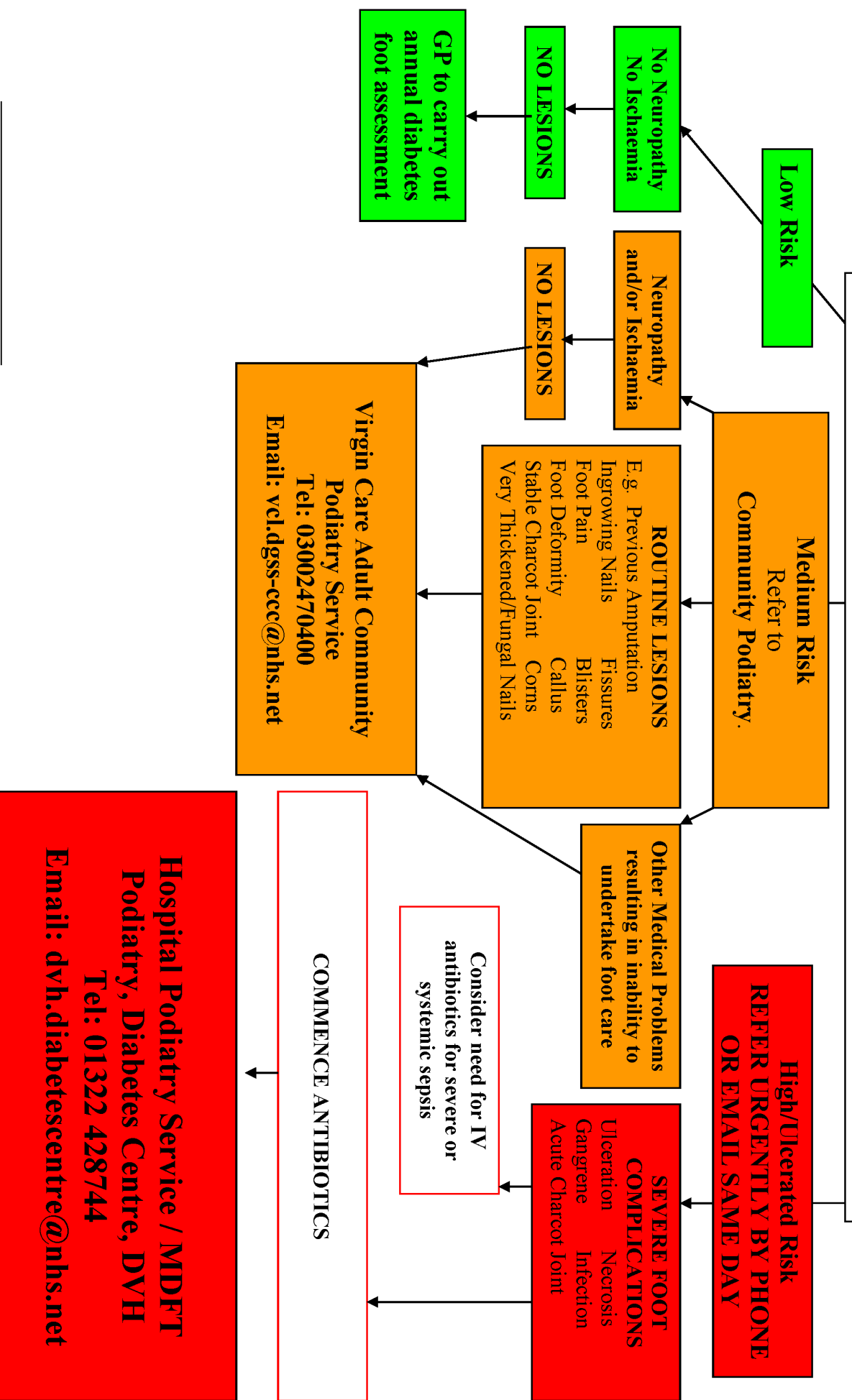
What is your ethnic group? (please tick ONE box only ✓)	
White: <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background	Black or Black British: <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background
Mixed: <input type="checkbox"/> White and black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed background	Asian or Asian British: <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background
Chinese or other ethnic background: <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group	<input type="checkbox"/> Not Disclosed
This information is confidential and will be used by the service solely for monitoring purposes only. We are using the national standard based on the 2001 Census.	

Dartford & Gravesham



**Improving health
and care together**

DIABETES FOOT ASSESSMENT and REFERRAL PATHWAY



MDFT | ACUTE FOOT CLINIC




Diabetes Centre, Darent Valley Hospital,
Darenth Wood Rd, Dartford DA2 8DA
(Provider—Dartford & Gravesham NHS Foundation Trust)

01322 428744

dvh.diabetescentre@nhs.net

MDFT Clinic Times: MDFT rotates weekly Wednesday / Wednesday / Friday 09:00-12:00 and also on the 2nd and 4th Thursday of each month 14:00-16:00

SPOKE MDFT



Biomechanics and orthoses

Diabetology

Ulcer debridement

Microbiology

Vascular Nurse


Podiatry

Vascular Surgeon

Wound Care

Psychology

PODIATRY TEAM MEMBERS



Principal Podiatrist:

Mrs Fiona Sylvester
01322 428 286 / 01322 428744

Podiatrists:

Mrs Laura Batty
Mr Atty Jhita

Diabetes Podiatry Administrator:

Mrs Kelly Cloke

KEY MULTI DISCIPLINARY FOOT TEAM CONTACTS




VASCULAR

Mr Michael Dialynas
Consultant Vascular Surgeon



DIABETES AND ENDOCRINOLOGY

Dr Lanitha Shrikugan
Consultant in Acute Medicine, Diabetes and Endocrinology
lanithasrikugan@nhs.net



VASCULAR

Mrs Marida Perez-
Miranda Vascular Clinical Nurse Specialist
marida.miranda@nhs.net



SWALE Community Podiatry Services—Sittingbourne Memorial Hospital, Bell Road, Sittingbourne, ME10 4DT
Sheppey Community Hospital, Plover Road, Minster on Sea, ME12 3LT

DGS Community Podiatry Services—

Gravesham Community Hospital , Bath Street Gravesend, DA11 0DG

Dartford West Health Centre , Nightingale Way, Swanley, BR8 7UP



0300 247 0400



VCL.DGSS-CCC@nhs.net



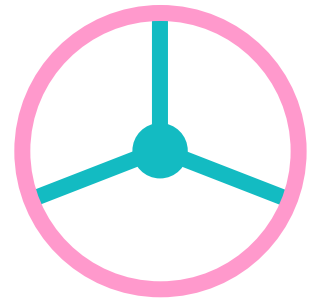
MDFT Clinic Times: 8.30-16.30

PODIATRY TEAM MEMBERS

Podiatry Clinical Lead

Eva Leeson

Foot Protection Team



Diabetology

Biomechanics

Podiatrist

Wound care



Acute / MDFT



Community / FPT



Provider:

Referrals by:	Email or phone	Email
Lead / Pathfinder Contact:	Fiona Sylvester	Gemma Leeson
Telephone	01322 428744	0300 247 0400
Email	dvh.diabetescentre@nhs.net	VCL.DGSS-CCC@nhs.net
Biomechanics	✓	✓
Chair Side Orthotics / Felt	✓	✓
Charcot	✓	✗
Compression therapy	✗	✗
Contact casting	✗	✗
Counselling	✓	✗
Imaging access—Duplex	✓	✗
Imaging access—CT Angiography	✓	✗
Imaging access—X-ray Angiography	✓	✗
Imaging access—MRI	✓	✗
Inpatient Podiatry Team	✓	✗
Larvae therapy	✓	✗
MDFT Meetings	✓	✗
Microbiology	✓	✓
Nail surgery	✗	✓
Negative pressure	✓	✗
OPAT	✓	✗
Pain clinic	✓	✗
Podiatric surgery	✗	✓
Rheumatology clinic	✓	✗
Routine podiatry (nails / corns / callous)	✗	✓
Splint and boot provision	✓	✓
Vascular Access	✓	✗
Verruca treatment / Dry needling	✗	✓

PODIATRY | SERVICE DETAILS

Provider:



NHS
Dartford and Gravesham
NHS Trust



virgincare

Referral by:	Email or phone	Email
Lead / Pathfinder Contact:	Fiona Sylvester	Gemma Leeson
Telephone	01322 428744	0300 247 0400
Email	dvh.diabetescentre@nhs.net	VCL.DGSS-CCC@nhs.net
Access to Diabetes Consultant	✓	✓
Access to Diabetes Specialist Nurse	✓	✓
Access to Orthopaedics	✓	✓
Access to Orthotist Prosthetist	✓	✗
Access to Rehab services	✓	✗
Access to Plastics team	✓	✗
Access to Tissue Viability team	✓	✓
Access to Vascular team	✓	✓
Acute Ambulatory Area Clinic	✓	✗
Chair Side Orthotics/Felt	✓	✓
Clinical Trials	✓	✗
Diabetic Wound Care	✓	✗
Digital / Virtual contact	✗	✗
Education sessions for patients	✓	✗
Education sessions for staff	✓	✗
Health promotion	✓	✓
Home visiting	✗	✓
Inpatient podiatry team	✓	✗
MDFT meetings	✓	✗
Non-diabetic high risk foot care	✗	✓
Outpatient podiatry team	✓	✗
Pathfinder podiatrist	✓	✗



**PATIENTS WITH ACUTE DIABETES FOOT COMPLICATIONS
(Foot Ulceration; Infection; Necrosis and Acute Charcot **ONLY**)**

Podiatry Clinic, Diabetes Centre,
Darent Valley Hospital
Tel No: 01322 428292 / 428744
Email: dvh.diabetescentre@nhs.net

Patient Surname: _____ First Name: _____ Title: _____

Date of Birth: _____ NHS No: _____

Address: _____

Tel No: Home: _____ Mobile: _____

GP Name: _____ GP Tel No: _____

GP Address: _____

Reason for Referral: (where on the foot/description of identified problem)

Medical History: (Please attach an encounter report with the referral)

Current Medication:

Name of Referrer: _____

Designation: _____ Date: _____

PLEASE NOTE ALL OTHER DIABETES PODIATRY REFERRALS SHOULD BE ENTERED ONTO A
COMMUNITY PODIATRY REFERRAL FORM AND FORWARDED TO:
VirginCare Podiatry, VCLDGSS-podiatry@nhs.net Tel 0300 323 0166

North Kent Community Service Referral Form

Complete all sections as incomplete referrals will not be accepted.

If in doubt please refer to our website or contact the CCC for further guidance

Service descriptions can be found on <http://www.virgincare.co.uk/service-hub/north-kent-adults/>

Integrated Primary Care Teams	Please Tick	Long Term Conditions	Please Tick	Rehabilitation Teams	Please Tick
Community Nursing		Community Heart Failure Service		Community Neuro Rehab Team	
Community Phlebotomy		Community Matron		Occupational Therapy	
Continence		Respiratory		Physiotherapy	
Rapid Response		Tissue Viability		Podiatry	
				Speech & Language	
				Falls Team (If urgent, please refer to Rapid Response)	

Patient Information			
Surname	Forename	Known as	Title
NHS No.	D.O.B.	Gender:	First Language:
GP Surgery and Telephone Number:		Patient Address:	
Name of GP:		Post Code:	
		Home Telephone Number:	
		Mobile Telephone Number:	
Important information for people visiting: access details (eg.Keyholder/ Keysafe) or safety issues (e.g dog or known risks to others)		Next Of Kin Name:	
		Next of Kin contact details:	
Does the patient have a relevant social situation that should be known (e.g. care packages)?		How would the patient like to be contacted?	
Can the patient attend an appointment at a clinic? YES / NO		Has consent been obtained for referral?	YES / NO

Referral Information			
Specific reason for referral			
Diagnosis and relevant clinical information			
Infection status both current and previous, incl MRSA			
Known Allergies:			
Name and designation of referrer:		Is the appointment Routine or Urgent? Refer to website for criteria	Urgent ? Routine ?
Referrer Contact details:		Sign or print name	
		Date of referral:	

Please attach copy of the summary care record / list of current medications for the last three months to this referral.

Podiatry (Please select all relevant boxes)			
Rheumatoid Arthritis		Anticoagulant therapy	
Peripheral Neuropathy		Biomechanical Assessment	
Peripheral Vascular Disease		Foot Ulceration/Pressure sore Category:	
		Diabetes NICE Foot Risk Category:	
		Immunosuppressed	
		Ingrowing Toe Nail /infection	
		Serious neglect (short term)	
		Podiatric Surgery Assessment	
Reason for Referral			
Foot wound/ ulceration		Health Education	
Pathological Nail Care		MSK/Biomechanical assessment	
Nail Surgery Assessment		Podiatric Surgery Assessment (Swale)	
		Pain	
		Corns/Callous	

For HEART FAILURE, ECHO and Repeat Echo requests please complete the following section			
BMI		BNP RESULT	
ECG (please send a copy with echo referral)			

Communiy Neuro Rehabilitation Team											
Current Patient location	Home		Hospital		DVH		MDH		K&S		EDD
Other Hospital						Please state ward					
REASON FOR REFERRAL/EXPECTED REHAB GOALS (Current medical diagnosis/status including results of investigations/procedures,scans and any microbiological information or signs of infection.)											
Mobility		Cognitive Rehabilitation		Upper Limb Rehab		Speech & Language Therapy					
Dietetics		Other (specify)									
COGNITION	Is patient able to follow instructions/programme (with or without significant other input)										Yes/No
PHYSICAL (mobilisation/transfers, pain, sensory deficits)											
BALANCE/TRANSFERS											
UPPER LIMB FUNCTION											
ANY AIDS USED/SUPERVISION?		Stick			Crutches			Zimmer Frame/RF			
ADDITIONAL INFORMATION											
Does this patient have swallowing difficulties? Yes/No				Does the patient have difficulty with expressing/communication? Yes/No							
Is this a new symptom? Yes/No				Does the patient have visual difficulties? Yes/No							
Does the patient have any hearing difficulties? Yes/No											
What is the patient's BMI? <i>indicate weight in kgs if appropriate:</i>											
Has the patient been diagnosed with any of the following?											
Uncontrolled angina		Epilepsy/Seizures				DVT					
H/O cardiac problems		Pressure sores <i>please give Waterlow score</i>				PE					
Fitted with pacemaker		Diabetes (Type-I/Type-II)				Asthma					
H/O High/Low blood pressure		Open wounds									
Comments:											

TVN Referrals	
TVN referrals may be delayed and/or declined without the appropriate information provided as requested below	
Wound assessment - no older than 1 week old, to include exact location of wound current dressing plan.	
Previous wound history and dressing treatment plans, GP summary, PMH and medication.	
Lower limb and Doppler results if a wound to the lower limb (TVN service does not provide a doppler service for basic assessment) – if these cannot be provided please advised why:	
Recent blood sampling and wound swab results, if signs of infection	
Recent related clinic letters / referrals and hospital discharge summaries	
Colour photography must be provided from all care/nursing homes and GP practices	

Speech and Language Therapy					
Is the patient is being referred for swallowing? Yes/ No <i>If yes, please complete the following questions</i>					
Is the problem with		Food	Fluids	Both	
Please confirm if the patient is on a modified diet/fluids? Yes/ No			Please specify:		
Which of the following symptoms does the patient have?		Coughing/choking	Loss of food/fluids from the mouth		Difficulty chewing
Has the patient had a recent chest infection (last 3 months)? Yes/ No					

Appendix



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and care together**

Useful Websites

Diabetes UK (foot attack information):

https://www.diabetes.org.uk/get_involved/volunteer/involve-newsletter/new-booklet-for-people-at-increased-risk-of-a-foot-attack

Foot care network contacts:

<https://www.diabetes.org.uk/Professionals/Professional-groups/London-Footcare-Network>

South East London Health and Care Partnership

<http://www.ourhealthiersel.nhs.uk/>

London clinical network:

<http://www.londonscn.nhs.uk/>

Lewisham and Greenwich NHS Trust

<https://www.lewishamandgreenwich.nhs.uk/>

Oxleas NHS Foundation Trust

<http://oxleas.nhs.uk>

Bromley Healthcare

<https://www.bromleyhealthcare.org.uk/explore-our-services/podiatry/>

Guy's and St Thomas' NHS Foundation Trust

<https://www.guysandstthomas.nhs.uk/our-services/community-podiatry/patients.aspx#na>

King's College Hospital NHS Foundation Trust

<https://www.kch.nhs.uk/>

Cambridge Diabetes Education Programme (CDEP)

<https://www.cdep.org.uk/>

Health Innovation Network contact

HIN Diabetes Team — hin.diabetes@nhs.net

This document was produced by the Health Innovation Network—All details are correct as of July 2019

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and care together**