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</table>
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.


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)

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

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

How to Refer
Action
Definition
Risk Level
Low
Moderate
High
Active
Current care plan
If new indication of acute Charcot foot always refer to specialist multi-disciplinary foot team (MDFT) within 24 hours

Intact foot or mild Charcot

Diabetes Foot Care Outcomes

Active

High

Low

Moderate

Intact foot but high risk

Diabetes Foot Care Outcomes

Active

High

Low

Moderate

Intact foot but high risk

Diabetes Foot Care Outcomes

Active

High

Low

Moderate

Intact foot but high risk

Diabetes Foot Care Outcomes

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Diabetes Foot Care Outcomes

Active

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Low

Moderate

Intact foot but high risk
PODIATRY TEAM MEMBERS

**Diabetes Podiatry Lead:**
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**Podiatrist**
Maria Goldsmith maria.goldsmith@gstt.nhs.uk
Sarah Davies sarah.davies58@nhs.net

KEY MULTI DISCIPLINARY FOOT TEAM CONTACTS

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Diabetes Specialist Podiatrist
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Consultant Diabetologist
s.mehmet@nhs.net

**VASCULAR**
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Vascular Consultant
becky.sandford@gstt.nhs.uk

**INFECTIOUS DISEASE**
Carolyn Hemsley
Infectious disease consultant
Carolyn.hemsley@gstt.nhs.uk
Diabetes Centre, Queen Mary’s Hospital, Frognal 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

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:**
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020 8320 3550

SPOKE MDFT

**Diabetologist**

**Podiatrist**

**Vascular surgeon**

**Wound care**

**DSN**

**Microbiology**

**Biomechanics and orthoses**

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Consultant Diabetologist
s.mehmet@nhs.net

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Vascular Consultant (TBC)
becky.sandford@gstt.nhs.uk
Various locations, See below

020 8320 3550

oxl-tr.Podiatry@nhs.net

Monday -Friday, 9.00am-5.00pm

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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 ULCER CLINICS

Erith Health Centre
50 Pier Road
Erith
DA8 1RQ

Barnard Medical Practice
43 Granville Road
Sidcup
DA14 4TA
<table>
<thead>
<tr>
<th>Provider:</th>
<th>Email</th>
<th>Email</th>
<th>GP Referral</th>
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</thead>
<tbody>
<tr>
<td>Referral by</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead/Pathfinder</td>
<td>Ruth Follis</td>
<td>Tejal Patel</td>
<td>Ruth Follis</td>
</tr>
<tr>
<td>Telephone:</td>
<td>020 8300 2246</td>
<td>020 7188 3616</td>
<td>020 8320 3550</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:ruth.follis@nhs.net">ruth.follis@nhs.net</a></td>
<td><a href="mailto:Tejal.Patel@gstt.nhs.uk">Tejal.Patel@gstt.nhs.uk</a></td>
<td><a href="mailto:ruth.follis@nhs.net">ruth.follis@nhs.net</a></td>
</tr>
<tr>
<td>Access to Diabetes Consultant</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>Access to Diabetes Specialist Nurse</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Access to Orthotist Prosthetist</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>Access to Rehab services</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>Access to Plastics team</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>Access to Tissue Viability team</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Access to Vascular team</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
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<tr>
<td>Acute Ambulatory Area Clinic</td>
<td>✗</td>
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<tr>
<td>Clinical Trials</td>
<td>✗</td>
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<tr>
<td>Digital / Virtual contact</td>
<td>✗</td>
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<tr>
<td>Education sessions for patients</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Education sessions for staff</td>
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<td>Health promotion</td>
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<td>Home visiting</td>
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<tr>
<td>MDFT meetings</td>
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<td>✗</td>
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<tr>
<td>Non-diabetic high risk foot care</td>
<td>✗</td>
<td>✗</td>
<td>✓</td>
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<tr>
<td>Out of hours service</td>
<td>✗</td>
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<td>Outpatient podiatry team</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>Pathfinder podiatrist</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
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<tr>
<td>Referral by</td>
<td>Acute / MDFT</td>
<td>Community / FPT</td>
<td></td>
</tr>
<tr>
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<td>Provider:</td>
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<td>Referral by</td>
<td>Email</td>
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<td><a href="mailto:Tejal.Patel@gstt.nhs.uk">Tejal.Patel@gstt.nhs.uk</a></td>
<td><a href="mailto:ruth.follis@nhs.net">ruth.follis@nhs.net</a></td>
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<tr>
<td>Biomechanics</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>Chair Side Orthotics / Felt</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Charcot</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
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<tr>
<td>Compression therapy</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>Contact casting</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
</tr>
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<td>Footwear &amp; Orthotics</td>
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<td>✓</td>
<td>✗</td>
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<td>Imaging access—Duplex</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
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<tr>
<td>Imaging access—CT Angiography</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>Imaging access—X-ray Angiography</td>
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<td>✓</td>
<td>✗</td>
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<td>✗</td>
</tr>
<tr>
<td>Larvae therapy</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>Nail surgery</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Negative pressure</td>
<td>✓</td>
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<td>✗</td>
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<tr>
<td>OPAT</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
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<td>Pain clinic</td>
<td>✗</td>
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<tr>
<td>Podiatric surgery</td>
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<td>✗</td>
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<tr>
<td>Rheumatology clinic</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Routine podiatry (nails / corns / callous)</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
</tr>
<tr>
<td>Splint and boot provision</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Title: Title</th>
<th>First Name: Given Name</th>
<th>Surname: Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Number: NHS Number</td>
<td>Date of Birth: Date of Birth</td>
<td>Gender: Gender</td>
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<tr>
<td>Address: Home Full Address (single line)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone: (Home) Patient Home Telephone</td>
<td>(Mobile) Patient Mobile Telephone</td>
<td></td>
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### Referral Details

<table>
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<tr>
<th>Date of Referral: Short date letter merged</th>
<th>Form Completed By: Current User</th>
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<tbody>
<tr>
<td>Referring GP (If form completed on GP's behalf): Free Text Prompt</td>
<td></td>
</tr>
<tr>
<td>Surgery: Organisation Name</td>
<td>National Practice Code: Organisation National Practice Code</td>
</tr>
<tr>
<td>Address: Organisation Full Address (single line)</td>
<td>Telephone: Organisation Telephone Number</td>
</tr>
<tr>
<td>Email: Organisation E-mail Address</td>
<td></td>
</tr>
</tbody>
</table>

### About this Form

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 Oxleas community podiatry referral form.

Referrals to this service must be made using the e-Referrals system (see details at the end of the form).

If sepsis is suspected, the patient should be immediately referred to the Emergency Department.
1. Special Requirements

☐ Patient transport required  ☐ BSL Sign Language Interpreter
☐ Translator (Language?)  ☐ Other
☐ Patient requires hoist  ☐ Patient is immobile
☐ Patient is housebound – Refer Urgently to Oxleas Community Podiatry

2. Reason for Referral

☐ Ulceration  ☐ Acute Charcot foot (deformity present)
☐ Necrosis  ☐ Any Foot Infection
☐ Other Urgent, Active 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.
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 ____________________________________________________________

First Name __________________________________________________________

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

improving lives

Oxleas NHS
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 / /

Title / Position

Telephone No
Bromley

Improving health and care together
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

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

DIABETOLOGY
Dr Yee Cheah
y.cheah@nhs.net

Vascular
Mr Hisham Rashid
Hisham.rashid@nhs.net

PODIATRY
Maureen Bates
mbates2@nhs.net
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

Various, see below

02083158715

**BROMH.bromleyhealthcarereferrals@nhs.net**
**bromh.cccpod4@nhs.net**

9:10am—4.30pm
## BROMLEY
### PODIATRY | SERVICE DETAILS

**Provider:**

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<thead>
<tr>
<th>Referral by</th>
<th>Email</th>
<th>Self referral/ GP Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead/Pathfinder</td>
<td>Maureen Bates</td>
<td>Mehmet Hussein</td>
</tr>
<tr>
<td><strong>Telephone:</strong></td>
<td>0203299 3223/ 0203299 4429</td>
<td>02083158715</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td>M <a href="mailto:Bates2@nhs.net">Bates2@nhs.net</a></td>
<td><a href="mailto:mehmethussein@nhs.net">mehmethussein@nhs.net</a></td>
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<table>
<thead>
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<th>Community / FPT</th>
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<td>✓</td>
</tr>
<tr>
<td>Access to Orthopaedics</td>
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</tr>
<tr>
<td>Access to Orthotist Prosthetist</td>
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<td>Access to Tissue Viability team</td>
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<td>Mehmet Hussein</td>
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<tr>
<td><strong>Telephone:</strong></td>
<td>0203299 3223/ 0203299 4429</td>
<td>02083158715</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td>M <a href="mailto:Bates2@nhs.net">Bates2@nhs.net</a></td>
<td><a href="mailto:mehmethussein@nhs.net">mehmethussein@nhs.net</a></td>
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<table>
<thead>
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<table>
<thead>
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<table>
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<table>
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<table>
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<tr>
<th>Routine podiatry (nails / corns / callous)</th>
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<table>
<thead>
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<table>
<thead>
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<th>Verruca treatment / Dry needling</th>
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---

Provider:

**Acute / MDFT**

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

**Bromley Healthcare**

**better together**

---

**BROMLEY PODIATRY | CLINICAL SERVICES**

---

**Provider:**

**Referral by**

**Email**

**Self referral/ GP Referral**

---

**Lead/Pathfinder**

**Telephone:**

**Email:**

**Self referral/ GP Referral**

---

**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

<table>
<thead>
<tr>
<th>Title: Title</th>
<th>First Name: Given Name</th>
<th>Surname: Surname</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
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<th>Gender: Gender</th>
<th>Age: Age</th>
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<tbody>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address: Home Full Address (single line)</th>
<th>Telephone: (Home) Patient Home Telephone</th>
<th>(Mobile) Patient Mobile Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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### Referral Details

<table>
<thead>
<tr>
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<th>Form Completed By: Current User</th>
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<tbody>
<tr>
<td>Short date letter merged</td>
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</table>

<table>
<thead>
<tr>
<th>Referring GP (If form completed on GP's behalf): Free Text Prompt</th>
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<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Surgery: Organisation Name</th>
<th>National Practice Code: Organisation National Practice Code</th>
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<table>
<thead>
<tr>
<th>Address: Organisation Full Address (single line)</th>
<th>Telephone: Organisation Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Email: Organisation E-mail Address | |
|-----------------------------------| |

### About this Form

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 Bromley Healthcare Single Point of Entry Referral Form.

**Referrals to this service must be made using the e-Referrals system (see details at the end of the form).**

**If sepsis is suspected, the patient should be immediately referred to the Emergency Department.**

### 1. Special Requirements

- Patient is immobile
- Patient requires hoist
- Patient transport required
- BSL Sign Language Interpreter
- Translator (Language?)
- Other
- Patient is housebound – Refer Urgently to Community Podiatry using Bromley Healthcare SPE Form

### 2. Reason for Referral

- Ulceration
- Acute Charcot foot (deformity present)
- Necrosis
- Any Foot Infection
- Other **Urgent, Active** Diabetic Foot Condition (please state condition)

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/](http://www.ageuk.org.uk/bromleyandgreenwich/our-services/clip-it/) for further information.

## 1. Patient Details

<table>
<thead>
<tr>
<th>Title</th>
<th>First Name</th>
<th>Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Number</td>
<td>Date of Birth</td>
<td>Gender</td>
</tr>
<tr>
<td>Address</td>
<td>Home Full Address (single line)</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>(Home) Patient Home Telephone</td>
<td>(Mobile) Patient Mobile Telephone</td>
</tr>
<tr>
<td>Email</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Ethnic Origin</td>
<td></td>
</tr>
</tbody>
</table>

## 2. Referral Details

| Date of Referral | Form Completed By: Current User |
| Short date letter | Referring Clinician (If form completed on their behalf): Free Text Prompt |
| merged | |
| Education | Organisation Name |
| Address | Organisation Full Address (single line) | Telephone | Organisation Telephone Number |
| Email | Organisation E-mail Address |

| Profession | Other (Please state) |
| GP | Practice Nurse |

| National Practice Code | Organisation National Practice Code |

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

<table>
<thead>
<tr>
<th>Patient Carers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Address (If different to patient's):</td>
</tr>
<tr>
<td>Telephone</td>
</tr>
</tbody>
</table>

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

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

## 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


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 Amercian 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 ALT: 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 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

MAJOR VASCULAR (Key member)
Dr Prakash Saha
Prakash.saha@kcl.ac.uk

MICROBIOLOGY
Juliet Uwagwu
julietuwagwu@nhs.net

ANTIBIOTIC PHARMACIST
Christopher Wood
Christopher.wood5@nhs.net
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

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Referral by</th>
<th>Email</th>
<th>Post or Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Diabetes Consultant</td>
<td>✓</td>
<td>Catherine Edmeades</td>
<td></td>
</tr>
<tr>
<td>Access to Diabetes Specialist Nurse</td>
<td>✓</td>
<td>Catherine Edmeades</td>
<td></td>
</tr>
<tr>
<td>Access to Orthopaedics</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to Orthotist Prosthetist</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Access to Rehab services</td>
<td>✗</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to Plastics team</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to Tissue Viability team</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Acute Ambulatory Area Clinic</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Trials</td>
<td>✗</td>
<td></td>
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</tr>
<tr>
<td>Digital / Virtual contact</td>
<td>✗</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education sessions for patients</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Education sessions for staff</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Health promotion</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Home visiting</td>
<td>✗</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Inpatient podiatry team</td>
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<tr>
<td>MDFT meetings</td>
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<td></td>
</tr>
<tr>
<td>Non-diabetic high risk foot care</td>
<td>✗</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Out of hours service</td>
<td>✗</td>
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</tr>
<tr>
<td>Outpatient podiatry team</td>
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<td></td>
</tr>
<tr>
<td>Counselling</td>
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<td>✓</td>
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### Community / FPT

Provider: Merton

<table>
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<td>✓</td>
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<td>✓</td>
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<td>Outpatient podiatry team</td>
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<td></td>
</tr>
<tr>
<td>Counselling</td>
<td></td>
<td>✗</td>
<td>✓</td>
</tr>
</tbody>
</table>

**Referral by:**
- **Email:** Lg.qeh-acutefootservice@nhs.net
- **Post or Email:** oxl-tr.Podiatry@nhs.net

**Lead/Pathfinder:** Catherine Edmeades

**Telephone:** 0208 8320 3550
<table>
<thead>
<tr>
<th>Referral by</th>
<th>Email</th>
<th>Post or Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead/Pathfinder</td>
<td>Catherine Edmeades</td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td></td>
<td>0208 8320 3550</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:Lg.qeh-acutefootservice@nhs.net">Lg.qeh-acutefootservice@nhs.net</a></td>
<td></td>
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<td><a href="mailto:oxl-tr.Podiatry@nhs.net">oxl-tr.Podiatry@nhs.net</a></td>
<td></td>
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<tr>
<td>Biomechanics</td>
<td>✓</td>
<td></td>
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<tr>
<td>Chair Side Orthotics / Felt</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Charcot</td>
<td>✓</td>
<td></td>
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<tr>
<td>Compression therapy</td>
<td>✗</td>
<td></td>
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<tr>
<td>Contact casting</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Footwear &amp; Orthotics</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Imaging access—Duplex</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>Imaging access—CT Angiography</td>
<td>✓</td>
<td>✗</td>
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<tr>
<td>Imaging access—X-ray Angiography</td>
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<tr>
<td>Imaging access—MRI</td>
<td>✓</td>
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</tr>
<tr>
<td>Larvae therapy</td>
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</tr>
<tr>
<td>Microbiology</td>
<td>✓</td>
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<tr>
<td>Nail surgery</td>
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<td>✓</td>
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<tr>
<td>Negative pressure</td>
<td>✗</td>
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<tr>
<td>OPAT</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Pain clinic</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Podiatric surgery</td>
<td>✗</td>
<td>✓</td>
</tr>
<tr>
<td>Rheumatology clinic</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Routine podiatry (nails / corns / callous)</td>
<td>✗</td>
<td>✓</td>
</tr>
<tr>
<td>Splint and boot provision</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Verruca treatment / Dry needling</td>
<td>✗</td>
<td></td>
</tr>
</tbody>
</table>
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: 0208203550
FAX TO: 0208 3203567
E-MAIL TO: oxi-tr.podiatry@nhs.net

SURNAME............................................................................................................ FORENAMES.................................................................
ADDRESS..................................................................................................................
.................................................................................................................. POSTCODE

TELEPHONE..............................................................................................................
MOBILE....................................................................................................................

DATE OF BIRTH ____________________________
NHS NO. _________________________________

SEX: 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)

- 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: ________________________________________________________

Please note:
MEDICAL CONCERNS

[ ] Diabetes: last HbA1c
[ ] Ischemia (Poor circulation)
[ ] Neuropathy
[ ] History of amputation (lower limb digits)
[ ] Connective tissue disease (e.g. Rheumatoid arthritis, Lupus, Ankylosing Spondylitis)
[ ] Renal Disease (Kidney problems)

[ ] Severe skin disorders (e.g. Psoriasis, dermatitis)
[ ] Cancer therapy
[ ] Spinal injury/nerve lesion
[ ] Stroke
[ ] None of the above
[ ] 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? e.g. 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)

<table>
<thead>
<tr>
<th>White</th>
<th>British</th>
<th>Any other White background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irish</td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Mixed</th>
<th>White and Black Caribbean</th>
<th>White and Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>White and Black African</td>
<td>Any other mixed background</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Asian or Asian British</th>
<th>Indian</th>
<th>Bangladeshi</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pakistani</td>
<td>Any other Asian background</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Black or Black British</th>
<th>Caribbean</th>
<th>Any other Black background</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>African</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Ethnic Groups</th>
<th>Chinese</th>
<th>Any other ethnic group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Any other</td>
<td></td>
</tr>
</tbody>
</table>

| Not Stated             |             |                             |
LAMBETH & SOUTHWARK

Improving health and care together
Diabetes Foot Care Pathway

South East London, Dartford and Gravesham

If new infection or acute change to foot occurs refer to specialists multi-disciplinary team (MDT) within 24 hours

**Important Information**

- Foot Care Guidance
- Care and support of foot
- Weekly foot check
- Health visitor advice
- Local health visitor
- Podiatry and chiropody
- General practitioner
- Referral to MDT

**How to Refer**

- MDT referral
- General practitioner referral
- Podiatry referral
- GP

**How to Refer**

- Referral to MDT
- General practitioner referral
- Podiatry referral
- GP

**How to Refer**

- Referral to MDT
- General practitioner referral
- Podiatry referral
- GP

**How to Refer**

- Referral to MDT
- General practitioner referral
- Podiatry referral
- GP

**How to Refer**

- Referral to MDT
- General practitioner referral
- Podiatry referral
- GP

**Definition**

- High
- Moderate
- Low

**Risk Level**

- High
- Moderate
- Low

**Action**

- Foot care education
- Specialist foot care
- Foot care education
- Specialist foot care
- Foot care education
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**Definition**

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**Definition**

- High
- Moderate
- Low
LAMBETH & SOUTHWARK—Guy’s & St Thomas’ Hospitals
MDFT | DIABETIC FOOT—RAPID ACCESS CLINIC

Two sites—Guy’s Hospital, Diabetes & Endocrine Unit, 3rd Floor Southwark Wing, SE1 9R6
St Thomas’ Hospital, Diabetes and Endocrine Unit, 3rd Floor Lambeth Wing, SE1 7EH
(Provider—Guy’s & St Thomas’ NHS Foundation Trust)

Guy’s Hospital, Diabetes Unit Front Desk—02071881913

Gst-tr.diabetesAndEndocrine@nhs.net

MDFT Clinic Times: Guy’s—Thursday: 9.00am—12.30pm
St Thomas’ - Monday—Friday: 9.00am—5.00pm

PODIATRY TEAM MEMBERS

Key Podiatrists over both sites:
Alpa Lakhani, alpa.lakhani@gstt.nhs.uk,
Martin Arissol, martin.arissol@gstt.nhs.uk,
Tejal Patel, Tejal.Patel@gstt.nhs.uk
Helen Rapley, helen.rapley1@nhs.net

KEY MULTI DISCIPLINARY FOOT TEAM CONTACTS

VASCULAR
Mr Sanjay Patel (Mainly St Thomas’ site)
Sanjay.patel@gstt.nhs.uk

DIABETOLOGY
Dr Stephen Thomas
Stephen.m.thomas@gstt.nhs.uk

INFECTIOUS DISEASE
Dr Anna Goodman,
an-na.goodman@gstt.nhs.uk

DIABETOLOGY
Dr Natasha Patel
Natasha.patel1@gstt.nhs.uk
LAMBETH & SOUTHWARK—King’s College Hospital

MDFT | DIABETIC FOOT—RAPID ACCESS CLINIC

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

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

PODIASTRY
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

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
Dulwich Hospital, Betty Alexander Suite, East Dulwich Gove, SE22 8PT
Lambeth Community Care Centre, Monkton Street, SE11 4TX
Akerman Health Centre, Patmos Road, SW9 6AF
### Referrals by:

<table>
<thead>
<tr>
<th>Service Details</th>
<th>Acute / MDFT</th>
<th>Community / FPT</th>
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</thead>
<tbody>
<tr>
<td>Access to Diabetes Consultant</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Access to Diabetes Specialist Nurse</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Access to Orthopaedics</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>Access to Orthotist Prosthetist</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>Access to Rehab services</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>Access to Plastics team</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>Access to Tissue Viability team</td>
<td>✓</td>
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</tr>
<tr>
<td>Access to Vascular team</td>
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<td>✓</td>
</tr>
<tr>
<td>Acute Ambulatory Area Clinic</td>
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</tr>
<tr>
<td>Clinical Trials</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>Digital / Virtual contact</td>
<td>✓</td>
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<tr>
<td>Education sessions for patients</td>
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<td>Education sessions for staff</td>
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<td>Health promotion</td>
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<td>MDFT meetings</td>
<td>✓</td>
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<tr>
<td>Non-diabetic high risk foot care</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Out of hours service</td>
<td>✓ (inpatient only)</td>
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<td>Outpatient podiatry team</td>
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<td>✗</td>
</tr>
<tr>
<td>Pathfinder podiatrist</td>
<td>✓</td>
<td>✗</td>
</tr>
</tbody>
</table>

### Provider:

**Tejal Patel**

Email: tejal.patel@gstt.nhs.uk

**Monica Fisk / Laura Price**

Email: Monica.fisk@gstt.nhs.uk, Laura.price@gstt.nhs.uk

**Telephone**

- Acute / MDFT: 0207 188 2449
- Community / FPT: 0203 049 7900
## Podiatry | Clinical Services

### Referrals by:

<table>
<thead>
<tr>
<th>Service</th>
<th>Acute / MDFT</th>
<th>Community / FPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biomechanics</td>
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<td>✓</td>
</tr>
<tr>
<td>Chair Side Orthotics / Felt</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Charcot</td>
<td>✓</td>
<td>x</td>
</tr>
<tr>
<td>Compression therapy</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Contact casting</td>
<td>✓</td>
<td>x</td>
</tr>
<tr>
<td>Footwear &amp; Orthotics</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Imaging access—Duplex</td>
<td>✓</td>
<td>x</td>
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<tr>
<td>Imaging access—CT Angiography</td>
<td>✓</td>
<td>x</td>
</tr>
<tr>
<td>Imaging access—X-ray Angiography</td>
<td>✓</td>
<td>x</td>
</tr>
<tr>
<td>Imaging access—MRI</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Larvae therapy</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Microbiology</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Nail surgery</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Negative pressure</td>
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<td>x</td>
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<td>OPAT</td>
<td>✓</td>
<td>x</td>
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<tr>
<td>Pain clinic</td>
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<td>x</td>
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<tr>
<td>Podiatric surgery</td>
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<td>✓</td>
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<td>Rheumatology clinic</td>
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<td>x</td>
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<tr>
<td>Routine podiatry (corns / callous)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Splint and boot provision</td>
<td>✓</td>
<td>x</td>
</tr>
<tr>
<td>Verruca treatment / Dry needling</td>
<td>x</td>
<td>✓</td>
</tr>
</tbody>
</table>

### Lead / Pathfinder:

- **Tejal Patel**
- **Monica Fisk / Laura Price**

### Email or phone:

- **Tejal Patel**
  - Email: tejal.patel@gstt.nhs.uk
- **Monica Fisk / Laura Price**
  - Email: Monica.fisk@gstt.nhs.uk, Laura.price@gstt.nhs.uk

### Telephone:

- **0207 188 2449**
- **0203 049 7900**
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

<table>
<thead>
<tr>
<th>Title</th>
<th>First name</th>
<th>Last name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth</td>
<td></td>
<td>NHS Number (if known)</td>
</tr>
<tr>
<td>Address (including Post Code)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Main contact tel number</td>
<td>Email address</td>
<td></td>
</tr>
<tr>
<td>Interpreter required?</td>
<td>If yes, which language?</td>
<td></td>
</tr>
</tbody>
</table>

### Patient’s General Practitioner

<table>
<thead>
<tr>
<th>GP name</th>
<th>Practice address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr</td>
<td></td>
</tr>
</tbody>
</table>

### 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)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address/Organisation</th>
<th>Contact number</th>
</tr>
</thead>
</table>

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.

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

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

Form last updated: Oct 2018
LEWISHAM

Improving health and care together
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

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 contacted 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.fhsydenhamgreenhc@nhs.net
South Lewisham HC SE6 2SP lg.fhsouthlewishamhc@nhs.net
Waldron HC SE14 6LD lg.fhswaldronhc@nhs.net
Lewisham Home Visiting Services lg.fhshomevisitingservice@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

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
Community Foot Health, Suite 1 (Purple Zone) University Hospital Lewisham, Lewisham High St, SE13 6LH. 020 3192 6790
### Referral by: | Acute / MDFT | Community / FPT |
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<tbody>
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<td><strong>Email</strong></td>
<td><a href="mailto:Lh.acutefootservices@nhs.net">Lh.acutefootservices@nhs.net</a></td>
<td>Via community clinic email</td>
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<tr>
<td><strong>Access to Diabetes Consultant</strong></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Access to Diabetes Specialist Nurse</strong></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Access to Orthopaedics</strong></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Access to Orthotist Prosthetist</strong></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Access to Rehab services</strong></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Access to Plastics team</strong></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Access to Tissue Viability team</strong></td>
<td>✓</td>
<td>✓</td>
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<tr>
<td><strong>Access to Vascular team</strong></td>
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<td><strong>Acute Ambulatory Area Clinic</strong></td>
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<td><strong>Digital / Virtual contact</strong></td>
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<td><strong>Education sessions for patients</strong></td>
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<td><strong>Education sessions for staff</strong></td>
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<td><strong>Home visiting</strong></td>
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<td><strong>MDFT meetings</strong></td>
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<td><strong>Non-Diabetic foot ulcer care</strong></td>
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<tr>
<td><strong>Non-diabetic high risk foot care</strong></td>
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<tr>
<td><strong>Out of hours service</strong></td>
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<td>✓</td>
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<td><strong>Outpatient podiatry team</strong></td>
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<td>✓</td>
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<tr>
<td><strong>Pathfinder podiatrist</strong></td>
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<td><strong>Podiatric Surgery</strong></td>
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<tr>
<td><strong>Routine Podiatry</strong></td>
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## LEWISHAM
PODIATRY | CLINICAL SERVICES

### Referral by:

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<th>Service</th>
<th>Provider: Acute / MDFT</th>
<th>Provider: Community / FPT</th>
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<tbody>
<tr>
<td>Biomechanics</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Chair Side Orthotics / Felt</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Charcot</td>
<td>✓</td>
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<tr>
<td>Compression therapy</td>
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<tr>
<td>Contact casting</td>
<td>✓</td>
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<tr>
<td>Footwear &amp; Orthotics</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Imaging access—Duplex</td>
<td>✓</td>
<td>☒</td>
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<td>Imaging access—CT Angiography</td>
<td>✓</td>
<td>☒</td>
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<td>Imaging access—X-ray Angiography</td>
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<td>Larvae therapy</td>
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<td>Microbiology - Virtual access</td>
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<td>✓</td>
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<td>Nail surgery</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Negative pressure</td>
<td>✓</td>
<td>☒</td>
</tr>
<tr>
<td>Non-Diabetic foot ulcer care</td>
<td>✓</td>
<td>✓</td>
</tr>
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<td>Non Diabetic High Risk foot care</td>
<td>☒</td>
<td>✓</td>
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<tr>
<td>OPAT</td>
<td>✓</td>
<td>☒</td>
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<tr>
<td>Out of Hours</td>
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<td>☒</td>
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<td>Inpatient podiatry team</td>
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<tr>
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</tr>
<tr>
<td>Splint and boot provision</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

### Provider Information:

**LEWISHAM PODIATRY | CLINICAL SERVICES**

**Acute / MDFT**

- **Email:** Sarah Cashman
- **Email:** Sarah.cashman@nhs.net

**Community / FPT**

- **Email:** Sarah Cashman
- **Email:** Sarah.cashman@nhs.net
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 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.

<table>
<thead>
<tr>
<th>Ladywell Building South Lewisham Hospital</th>
<th>Downham Health &amp; Leisure Centre</th>
<th>Jenner Health Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lewisham High St</td>
<td>7-9 Moorside Road</td>
<td>201 Stanstead Road</td>
</tr>
<tr>
<td>Lewisham SE13 6LH</td>
<td>Downham, Bromley BR1 5EP</td>
<td>Forest Hill SE23 1HU</td>
</tr>
<tr>
<td>Tel: 020 3192 6790</td>
<td>Tel: 020-3049-1800</td>
<td>Tel: 020 3049 2446</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lee Health Centre</th>
<th>Sydenham Green HC</th>
<th>South Lewisham Health Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Handen road</td>
<td>26 Holmshaw Close</td>
<td>50 Conisborough Crescent</td>
</tr>
<tr>
<td>SE12 8NP</td>
<td>SE26 4TH</td>
<td>SE6 2SP</td>
</tr>
<tr>
<td>Tel: 020 3049 2114/2070</td>
<td>Tel: 020 3049 2737</td>
<td>Tel: 020 3049 2503</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Waldron Health Centre</th>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amersham Vale</td>
<td>Tel: 020 3049 3402</td>
</tr>
<tr>
<td>London SE14 6LD</td>
<td>Tel: 020 3049 1860</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>La <a href="mailto:fhselewhamhospi@nhs.net">fhselewhamhospi@nhs.net</a></th>
<th>La <a href="mailto:fhsdowhamhc@nhs.net">fhsdowhamhc@nhs.net</a></th>
<th>La <a href="mailto:fhshiemenh@nhs.net">fhshiemenh@nhs.net</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>La <a href="mailto:fhsslouth@nhs.net">fhsslouth@nhs.net</a></td>
<td>La <a href="mailto:fhssouthlewestamhc@nhs.net">fhssouthlewestamhc@nhs.net</a></td>
<td></td>
</tr>
</tbody>
</table>
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**

<table>
<thead>
<tr>
<th>Title: Mr/Mrs/Miss/Other:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Surname:</strong></td>
<td><strong>Forename:</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Postcode:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Telephone:</strong></td>
<td>HOME: WORK: MOBILE:</td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
<td>MALE ☐ FEMALE ☐</td>
</tr>
<tr>
<td><strong>NHS Number:</strong></td>
<td></td>
</tr>
<tr>
<td>Height:</td>
<td>Weight:</td>
</tr>
</tbody>
</table>

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 ☐ No ☐

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 ☐  Heart / Circulation ☐
Rheumatoid Illness ☐  Chest / breathing ☐
Blood / bleeding ☐  Liver problems ☐
Kidney problems ☐  Cancer ☐

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:
☐ British
☐ Irish
☐ Any other white background

Black or Black British:
☐ Caribbean
☐ African
☐ Any other Black background

Mixed:
☐ White and black Caribbean
☐ White and Black African
☐ White and Asian
☐ Any other Mixed background

Asian or Asian British:
☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Any other Asian background

Chinese or other ethnic background:
☐ Chinese
☐ Any other ethnic group

☐ 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
Dartford & Gravesham Diabetic Footcare Pathway

Email: dh.ddimakeurenter@nhs.net
Tel: 01322 428744
Podiatry, Diabetes Centre, DCH
Hospital Podiatry Service - MEDF

COMPROMISE ANTIMICROBICS

Systemic Staph
Consider need for IV

Severe Foot
Referrals in hospital to
Other Medical Problems

Irregular/Missed Risk

Diabetes Foot Assessment and Referral Pathway

COMMUNITY Podiatry
Referrals to
Low Risk

No Neuropathy
No Infection
No Previous Amputation
Foot Pain
Foot Ulcer
Callus
Diabetic Foot
Infection
Nail Problems
Fungal Nail
Sugar Chocolate
Infection

Very Thickened/Non-Healing Nails

Routine Lesions

No Lesions

CP to carry out
Foot Assessment
Annual Diabetic
Community

Virtue Care Adult Community
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 ENDOCRIINOLOGY
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
DARTFORD & GRAVESHAM—COMMUNITY
FPT | DARTFORD AND GRAVESHAM NHS TRUST

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
<table>
<thead>
<tr>
<th>Provider:</th>
<th>Acute / MDFT</th>
<th>Community / FPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals by:</td>
<td>Email or phone</td>
<td>Email</td>
</tr>
<tr>
<td>Lead / Pathfinder Contact:</td>
<td>Fiona Sylvester</td>
<td>Gemma Leeson</td>
</tr>
<tr>
<td>Telephone</td>
<td>01322 428744</td>
<td>0300 247 0400</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:dvh.diabetescentre@nhs.net">dvh.diabetescentre@nhs.net</a></td>
<td><a href="mailto:VCL.DGSS-CCC@nhs.net">VCL.DGSS-CCC@nhs.net</a></td>
</tr>
<tr>
<td>Biomechanics</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Chair Side Orthotics / Felt</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Charcot</td>
<td>✓</td>
<td>❌</td>
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<tr>
<td>Compression therapy</td>
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<td>❌</td>
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<tr>
<td>Contact casting</td>
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<tr>
<td>Counselling</td>
<td>✓</td>
<td>❌</td>
</tr>
<tr>
<td>Imaging access—Duplex</td>
<td>✓</td>
<td>❌</td>
</tr>
<tr>
<td>Imaging access—CT Angiography</td>
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<tr>
<td>Imaging access—X-ray Angiography</td>
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<tr>
<td>Imaging access—MRI</td>
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<td>Inpatient Podiatry Team</td>
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<td>❌</td>
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<tr>
<td>Larvae therapy</td>
<td>✓</td>
<td>❌</td>
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<td>❌</td>
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<tr>
<td>Microbiology</td>
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<tr>
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<td>❌</td>
<td>✓</td>
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<tr>
<td>Negative pressure</td>
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<tr>
<td>OPAT</td>
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<tr>
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<td>✓</td>
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<tr>
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<td>✓</td>
</tr>
<tr>
<td>Rheumatology clinic</td>
<td>✓</td>
<td>❌</td>
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<td>Routine podiatry (nails / corns / callous)</td>
<td>❌</td>
<td>✓</td>
</tr>
<tr>
<td>Splint and boot provision</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Vascular Access</td>
<td>✓</td>
<td>❌</td>
</tr>
<tr>
<td>Verruca treatment / Dry needling</td>
<td>❌</td>
<td>✓</td>
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</table>
## Podiatry Service Details

### Acute / MDFT

<table>
<thead>
<tr>
<th>Service</th>
<th>Available</th>
<th>Access to Diabetes Consultant</th>
<th>Access to Diabetes Specialist Nurse</th>
<th>Access to Orthopaedics</th>
<th>Access to Orthotist Prosthetist</th>
<th>Access to Rehab services</th>
<th>Access to Plastics team</th>
<th>Access to Tissue Viability team</th>
<th>Access to Vascular team</th>
<th>Acute Ambulatory Area Clinic</th>
<th>Chair Side Orthotics/Felt</th>
<th>Clinical Trials</th>
<th>Diabetic Wound Care</th>
<th>Digital / Virtual contact</th>
<th>Education sessions for patients</th>
<th>Education sessions for staff</th>
<th>Health promotion</th>
<th>Home visiting</th>
<th>Inpatient podiatry team</th>
<th>MDFT meetings</th>
<th>Non-diabetic high risk foot care</th>
<th>Outpatient podiatry team</th>
<th>Pathfinder podiatrist</th>
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<tbody>
<tr>
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<td><strong>Referral by:</strong></td>
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</tr>
<tr>
<td>Telephone</td>
<td>01322 428744</td>
<td>0300 247 0400</td>
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</tbody>
</table>
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, VCLDGS-Podiatry@nhs.net Tel 0300 323 0166
Referral form: Dartford Community Podiatry

Referral form: Dartford Community Podiatry

**DGS Adult Community Service Referral Form**

Please take the time to 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/](http://www.virgincare.co.uk/service-hub/north-kent-adults/)

<table>
<thead>
<tr>
<th>Integrated Primary Care Teams</th>
<th>Please Tick</th>
<th>Long Term Conditions</th>
<th>Please Tick</th>
<th>Rehabilitation Teams</th>
<th>Please Tick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Nursing</td>
<td></td>
<td>Community Heart Failure Service</td>
<td></td>
<td>Community Neuro Rehab Team</td>
<td></td>
</tr>
<tr>
<td>Community Phlebotomy</td>
<td></td>
<td>Community Matron</td>
<td></td>
<td>Occupational Therapy</td>
<td></td>
</tr>
<tr>
<td>Continence</td>
<td></td>
<td>Respiratory</td>
<td></td>
<td>Physiotherapy</td>
<td></td>
</tr>
<tr>
<td>Rapid Response</td>
<td></td>
<td>Tissue Viability</td>
<td></td>
<td>Speech &amp; Language</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Patient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td>Forename</td>
</tr>
<tr>
<td>NHS No.</td>
<td>D.O.B.</td>
</tr>
<tr>
<td>GP Surgery and Telephone Number:</td>
<td></td>
</tr>
<tr>
<td>Name of GP:</td>
<td></td>
</tr>
<tr>
<td>Important information for people visiting: access details (eg. Keyholder/ Keysafe) or safety issues (e.g dog or known risks to others)</td>
<td>Next Of Kin Name:</td>
</tr>
<tr>
<td>Does the patient have a relevant social situation that should be known (e.g. care packages)?</td>
<td>How would the patient like to be contacted?</td>
</tr>
<tr>
<td>Can the patient attend an appointment at a clinic? YES / NO</td>
<td>Has consent been obtained for referral?</td>
</tr>
</tbody>
</table>

Referral Information

Specific reason for referral

Diagnosis and relevant clinical information

Infection status both current and previous, incl MRSA

Known Allergies:

<table>
<thead>
<tr>
<th>Name and designation of referrer:</th>
<th>Is the appointment Routine or Urgent? Refer to website for criteria</th>
<th>Urgent Routine ?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrer Contact details:</td>
<td>Sign or print name</td>
<td>Date of referral:</td>
</tr>
</tbody>
</table>

FOR CARDIAC, CNRT, PODIATRY, SPEECH AND LANGUAGE AND TVN REFERRALS PLEASE COMPLETE THE ADDITIONAL SECTIONS ON THE SECOND PAGE.
FOR CARDIAC, CNRT, PODIATRY, SPEECH AND LANGUAGE AND TVN REFERRALS COMPLETE THE RELEVANT SECTION BELOW.

### Podiatry  
(Please select all relevant boxes)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Treatment</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rheumatoid Arthritis</td>
<td>Anticoagulant therapy</td>
<td>Immunosuppressed</td>
</tr>
<tr>
<td>Peripheral Neuropathy</td>
<td>Biomechanical Assessment</td>
<td>Ingrowing Toe Nail /Infection</td>
</tr>
<tr>
<td>Peripheral Vascular Disease</td>
<td>Foot Ulceration/Pressure sore Category:</td>
<td>Serious neglect (short term)</td>
</tr>
<tr>
<td>Diabetes NICE Foot Risk Category:</td>
<td>Podiatric Surgery Assessment</td>
<td></td>
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</tbody>
</table>

### Reason for Referral

<table>
<thead>
<tr>
<th>Condition</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foot wound/ ulceration</td>
<td>Health Education</td>
</tr>
<tr>
<td>Pathological Nail Care</td>
<td>MSK/Biomechanical assessment</td>
</tr>
<tr>
<td>Nail Surgery Assessment</td>
<td>Podiatric Surgery Assessment (Swale)</td>
</tr>
</tbody>
</table>

For HEART FAILURE, ECHO and Repeat Echo requests please complete the following section

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI</td>
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</tr>
<tr>
<td>BNP RESULT</td>
<td></td>
</tr>
<tr>
<td>ECG (please send a copy with echo referral)</td>
<td></td>
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</table>

### Community Neuro Rehabilitation Team

<table>
<thead>
<tr>
<th>Information</th>
<th>Value</th>
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<tbody>
<tr>
<td>Current Patient location</td>
<td>Home</td>
</tr>
<tr>
<td>Hospital</td>
<td>DVH</td>
</tr>
<tr>
<td>MDH</td>
<td>K&amp;S</td>
</tr>
<tr>
<td>EDD</td>
<td>Other Hospital</td>
</tr>
<tr>
<td>Please state ward</td>
<td>Other (specify)</td>
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</tbody>
</table>

### REASON FOR REFERRAL/EXPECTED REHAB GOALS

(Current medical diagnosis/status including results of investigations/procedures, scans and any microbiological information or signs of infection.)

<table>
<thead>
<tr>
<th>Mobility</th>
<th>Cognitive Rehabilitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper Limb Rehab</td>
<td>Speech &amp; Language Therapy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dietetics</th>
<th>Other (specify)</th>
</tr>
</thead>
</table>

### 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?

<table>
<thead>
<tr>
<th>Stick</th>
<th>Crutches</th>
<th>Zimmer Frame/RF</th>
</tr>
</thead>
</table>

### ADDITIONAL INFORMATION

Does this patient have swallowing difficulties? Yes/No

Does the patient have difficulty with expressing/communication? Yes/No

Does the patient have any hearing difficulties? Yes/No

What is the patient’s BMI? *Indicate weight in kgs if appropriate*:

Has the patient been diagnosed with any of the following?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uncontrolled angina</td>
<td>Epilepsy/Seizures</td>
</tr>
<tr>
<td>DVT</td>
<td></td>
</tr>
<tr>
<td>H/O cardiac problems</td>
<td>Pressure sores <em>please give Waterlow score</em></td>
</tr>
<tr>
<td>PE</td>
<td></td>
</tr>
<tr>
<td>Fitted with pacemaker</td>
<td>Diabetes (<em>Type-I/Type-II</em>)</td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
</tr>
<tr>
<td>H/O High/Low blood pressure</td>
<td>Open wounds</td>
</tr>
</tbody>
</table>

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  
If yes, please complete the following questions

Is the problem with  Food | Fluids | Both

Please confirm if the patient is on a modified diet/fluids?  
Yes/No

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

Please completed referrals to  

VCL.DGSS-CCC@nhs.net

CCC telephone number: 0300 247 0400
Appendix

Improving health and care together
Useful Websites

Diabetes UK (foot attack information):

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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