

Faster access to pressure redistribution for patients with high risk feet in the community setting

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Introduction

- A new service model was developed in Podiatry to treat patients with high risk feet.
- A need for pressure redistribution for this patient group was identified and the Orthotic Department was approached to fill the gap.
- Orthotics is an Acute service and were not in a position to fill this gap therefore a training plan was sought and developed collaboratively to allow the Podiatrists working in this setting to deliver this service to patients.

Aim

By November 2017, 90% podiatrists identified as delivering the Foot Protection Service are trained and have access to pressure redistribution devices.

Method

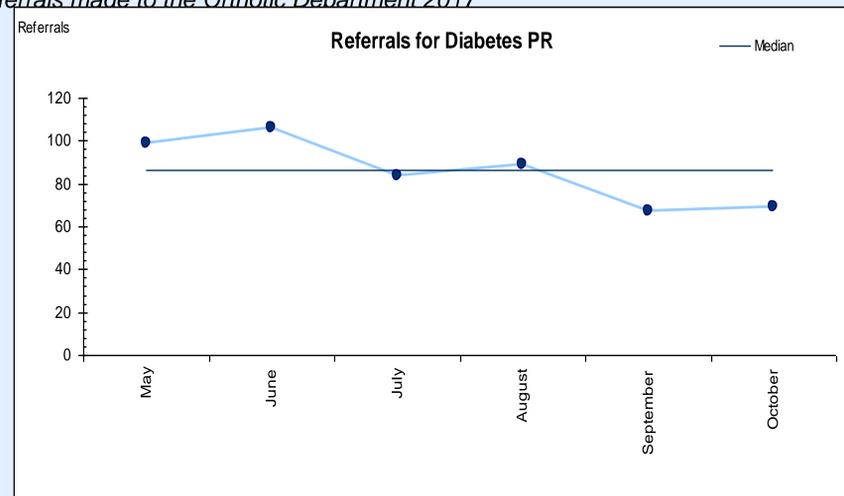
- A training package was developed between Podiatry and Orthotics to train Band 6 podiatrists who work in the Community setting to fit first line pressure redistribution footwear and devices for in bed to treat foot ulcers.
- The training consisted of presentations from Alastair Hunt and Catherine Exposito (Podiatrists) outlining the background and how pressure redistribution is so important in the healing of foot ulcers.
- I and my colleague, Laura Barr, (Orthotists) discussed the governance issues around fitting Orthotic devices and the biomechanics involved in fitting these devices. It was important that the Podiatrists fitting these were aware of how they were affecting forces on the body during the gait cycle and how they, in turn can influence the pressure on the foot.
- The training was delivered in 3 half days in 3 sites. The New Victoria Hospital, Vale of Leven Health Centre and Stobhill Hospital to capture as many podiatrists as possible



Results

- The aim of the project was to train the podiatry service to fit first line pressure redistribution footwear.
- 96% of Podiatrists eligible for the training were trained and are now fitting these devices in community clinics. To find out what impact this is having on patient care and patients receiving the devices faster is difficult to calculate as there was no such service previously and therefore the numbers are unknown.
- The Orthotic service can only determine how many referrals are being received for these devices for diabetes MDT patients, not community patients. In the past orthotics would receive referrals and patients with diabetes would be brought in to the hospital for this, even the patients with limited mobility.
- With the community service now in place these can be delivered to patients closer to home and even within their own homes and therefore don't need a referral to Orthotics. I used this fact as an indication of what impact the new service was having on patient care. See run chart below.

Referrals made to the Orthotic Department 2017



Conclusion

- The aim of the project has been met.
- Patients are now receiving Pressure Redistribution footwear faster. The impact on Acute services has been positive and some quotes have been received from Podiatrists working in the community, which suggest this training has been beneficial to staff and to patients.

freed up some acute appointments

Has been great for front line staff to have the confidence to fit these devices

- The training may need to be repeated to include staff who missed the training last year or who require retraining.
- Referrals will need to be monitored to check for a steady decline or steady rate of referrals. If this increases then I may need to do a stakeholder consultation to see where the barriers are.

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