Diabetes UK
The charity for people with diabetes

ABCD
Association of British Clinical Diabetologists

PCDS
Primary Care Diabetes Society

A Joint Initiative from Foot in Diabetes UK, Diabetes UK, The Association of British Clinical Diabetologists, The Primary Care Diabetes Society & The Society of Chiropodists and Podiatrists.

The National Minimum Skills Framework for Commissioning of Foot Care Services for People with Diabetes

November 2006

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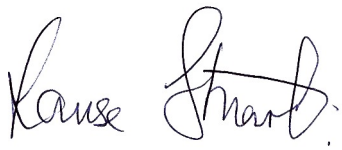
Foreword

Standards for the delivery of high quality foot care have already been defined by the National Institute for Clinical Excellence in 2004. For such clinical standards to be achieved they must be delivered by appropriately skilled healthcare professionals.

This skills framework aims to help local service providers to deliver high quality Foot care services for people with diabetes. Foot in Diabetes UK, Diabetes UK, The Association of Clinical Diabetologists, The Primary Care Diabetes and Society and The Society of Chiropodists and Podiatrists have worked in partnership to deliver this document.

We are confident that this Framework responds to the need for nationally recognised minimum skills for the commissioning of Diabetes foot care services. In doing so the framework provides a supportive and robust quality assurance mechanism to enable those involved in service delivery to ensure that appropriately skilled health care professionals give care.



Chair, Foot in Diabetes UK **Chief Executive, Diabetes UK**

The National Minimum Skills Framework for Commissioning of Foot Care Services for People with Diabetes

Introduction

The management of the foot in diabetes can be considered under four headings:

A. Routine basic assessment and care of the foot without any ulcer/lesion
B. Expert assessment and care of the foot at increased risk, but without an ulcer/lesion
C. Expert assessment and management of foot ulceration or lesion (eg acute Charcot foot).
D. Management of the person whose foot ulcer/lesion has resolved

A. Routine basic assessment and care

1 Identification of risk status

This is usually undertaken by a single health care professional (eg assistant practitioner, nurse, podiatrist, doctor) who may have limited specialist knowledge. That HCP should have the skills necessary to

a. identify the presence of sensory neuropathy (loss of ability to feel monofilament, vibration or sharp touch) and/or the abnormal build up of callus
b. identify when the arterial supply to the foot is reduced (absent foot pulses, signs of tissue ischaemia, symptoms of intermittent claudication)
c. identify deformities or problems of the foot (including bony deformities, dry skin, fungal infection), which may put it at risk
d. identify other factors which may put the foot at risk (which may include reduced capacity for self care, impaired renal function, poor glycaemic control, cardiovascular and cerebrovascular disease)

2 Provide basic foot care advice

The HCP should also have the skills and knowledge necessary to

a. discuss with the patient their individual level of risk and agree plans for future surveillance
b. initiate appropriate referrals for expert review of those with increased risk
c. advise on action to be taken in the event of a new ulcer/lesion arising
d. advise on the use of footwear which will reduce the risk of a new ulcer/lesion
e. advise on other aspects of footcare which will reduce the risk of a new ulcer/lesion

3 Management of a newly presenting ulcer/lesion

The HCP who undertakes routine basic assessment and care should also be aware of the need for urgent expert assessment of all newly presenting foot ulcers/lesions, and of the steps to be taken to obtain it. Such lesions include all ulcers, the development of unexplained inflammation/swelling of the foot, the development of pain in the foot and any other problems which cause concern.

B. Expert assessment and care of the foot at increased risk, but without an active ulcer/lesion

Assessment of the foot at increased risk should be undertaken by a HCP who has specialist experience in the management of the foot in diabetes, and who has the skills and knowledge necessary to

1 confirm the presence of neuropathy using, for example, 10g monofilament, sharp/blunt discrimination, vibration perception
2 assess the severity of peripheral arterial disease
3 provide treatment of common skin/nail problems
4 initiate a management plan designed to address the increased risk, including
a. provision of specialist education for the patient and their usual carers
b. advising on treatments which may be available for neuropathy (including painful neuropathy)
c. advising on footwear (including the provision of orthoses)

d. taking steps to reduce the risk imposed by peripheral neuropathy, including debridement of callus
e. taking steps to reduce the risk imposed by peripheral arterial disease, including referral for further investigation and treatment when appropriate
f. taking steps to reduce the risk imposed by deformity or other problems of the foot, including referral for further investigation and treatment when appropriate
g. arranging for continued surveillance and treatment as determined by the risk status of the individual

C. Expert assessment and management of existing foot ulcer or lesion (such as the acute Charcot foot).

Specialist services should ensure that the expert assessment of all ulcers, inflamed lesions of or on the foot, and newly occurring pain in the foot is available within one working day or with greater urgency when necessary, and should ensure that non-specialist HCPs are informed of the pathways for such expert referral. The majority of established foot ulcerations require management by a specialist multidisciplinary team with the skills, resources and contacts necessary to ensure

1 accurate assessment of the factors contributing to the presentation of the ulcer/lesion, including peripheral arterial disease, neuropathy, infection, and relevant medical, personal and social factors
2 appropriate management of any infection which is present (including admission to hospital when indicated)
3 appropriate further investigation (such as X-ray, MRI, arterial imaging) and intervention (including surgical debridement) when indicated
4 management of the wound bed to optimise the process of healing, including appropriate debridement and use of surface applications and dressings
5 protection of the foot or lesion from trauma when indicated (including formal off-loading with total contact casts, commercial cast walkers or similar appliances)
6 appropriate management of the acute Charcot foot
7 that the management of other diseases, complications of diabetes and social and personal factors are considered

8 that the patient and their family and carers are aware of the nature and implications of the condition and the principles of management, as appropriate

9 continuing management and review by specialist and non-specialist HCPs, together with the patient and their carers, as appropriate

D. Management of the person whose foot ulcer/lesion has resolved

Those who have had a foot ulcer lesion are at greatest risk of developing another one. This includes all those whose ulcers have healed, or which have been resolved by either minor or major amputation. Moreover, average life expectancy is reduced in those who have had a foot ulcer – primarily because of the risks posed by associated vascular disease and other complications of diabetes. It follows that the person who has had a foot ulcer requires planned follow-up to ensure

1 recurrence or the development of new ulcers is reduced by
   a. provision of specialist education for the patient and their usual carers
   b. advising on footwear (including the provision of orthoses)
   c. minimising the impact of peripheral arterial disease
   d. minimising the risk imposed by peripheral neuropathy by, for example, debridement of callus and/or the provision of appropriate orthoses
   e. minimising the risk imposed by deformity or other problems of the foot, by initiating referrals to other specialists, if necessary
   f. arranging for continued surveillance and treatment as determined by the needs of the individual. This may be best achieved in a specialist clinic for those who have had previous ulcers/lesions

2 that the need for continued protection of the foot is recognised by those managing other aspects the patient's condition, and is integrated into their overall management plan

The National Minimum Skills Framework for Commissioning of Foot Care Services for People with Diabetes development group.

A National development group was established to develop and advise on a Minimum skills framework to support the commissioning of foot care services.The group met once with additional interaction taking place by e- mail:
This framework represents a joint initiative from Foot in Diabetes UK, Diabetes UK, The Association of British Clinical Diabetologists, The Primary Care Diabetes Society and The Society of Chiropodists and Podiatrists.

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Review Process
This Framework will be reviewed in 2008 by the Skills Framework Development Group. The updated version of this Framework will be available within 6months of the start of the review Process.

Patient Information regarding the Skills Framework

A version of this framework for people with diabetes, their families and carers will be made available by DUK by January 2007.