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Chief Executive, NHS Board

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DIABETIC FOOT SCREENING: IMPROVING FUNCTIONALITY FOR THE FUTURE. ADVICE REGARDING CHANGES TO THE DELIVERY OF DIABETES FOOT SCREENING SERVICES

Dear Colleague,

I am writing to inform of a change to the way in which Diabetes Foot Screening services for those individuals living with diabetes who are considered at low risk from developing complications due to their diabetes.

CURRENT PRACTICE

Current practice is that foot screening is undertaken annually by any Health Care Professional (HCP)/worker with suitable training. Training to ensure capability and to ensure screening is carried out in a standardised and evidence based fashion is available at www.diabetesframe.org.

Diabetic foot screening and risk stratification is a proven way to determine the chance of an individual with diabetes has of developing a future foot ulcer that may lead to amputation. Following the establishment of an individual's foot risk, a Treatment/Management plan, agreed with the individual with diabetes, should be implemented according to that risk which is outlined by the Scottish Diabetes Foot Action Group (SDFAG) Traffic Light system May 2021.

KEY CHANGES TO CURRENT PRACTICE

The SDFAG believes in an evolving, evidence based strategy for foot screening to deliver a more person-centred and efficient service to enhance foot screening outcomes.

Following wide consultation and approval by the Podiatry Managers Group for Scotland, the SDFAG is introducing various changes to current practice. These changes are as follows:

- After 2 years follow up people with diabetes and low risk feet have a 99.6% chance of being ulcer free (Leese et al 2006) and only a 5% of changing their risk status to "moderate risk" (Heggie et al 2020). Foot screening for individuals deemed Low risk is therefore moved from every one year to every two years in line with evidence. This

screening would be carried out opportunistically by any trained HCP/worker who is seeing the patient as happens currently.

- When an individual with diabetes foot risk transitions from Low risk to Moderate risk they should be referred to a podiatrist for assessment (which may be a one off appointment) and be provided with an individual tailored care package if required, which would be agreed with the individual with diabetes, to reduce the risk of ulceration. If there is no podiatric need annual screening can subsequently be undertaken by any HCP/worker.

  If the cause for Moderate risk is:

  a) Loss of Monofilament sensation: Education and assessment of footwear and insoles and other possible preventative interventions may be required. If so refer to podiatry and/or orthotics.
  b) Pulses non palpable: Encourage walking and smoking cessation. Address CV risk factors and consider Vascular referral if rest pain.
  c) Structural deformity such that the individual with diabetes is unable to use high street shoes: Refer to podiatry or orthotics for education, assessment of current footwear with the possible supply of insoles and prescription or bespoke footwear. If an intervention is prescribed follow up by podiatry/orthotics will be required. Orthopaedic input may also be helpful
  d) Unable to self-care: Individuals with diabetes who are unable to or have help to self-care should be sign posted to health-care providers/worker to assist with foot care.

- All individuals with diabetes deemed to be High risk/In Remission no longer require a foot screening as foot screening is to determine the risk an individual with diabetes has of developing a foot ulcer and they will never return to a lower risk category. The duty of care and management for all individuals with diabetes deemed to be High risk/In Remission will fall to podiatry services. The podiatrist will work in partnership with the individual with diabetes to create a mutually agreed and documented Treatment/Management plan according to need, which will include education and advice regarding the importance of self-management, with the focus on preventing primary or recurrent ulceration with ongoing referral where appropriate to vascular, orthotics, multidisciplinary foot clinics, orthopaedics etc.
- All Active foot disease, as currently recommended, will be managed within a multidisciplinary foot team or by a member of the multidisciplinary foot team where appropriate. No further foot screening required. When the individual with Diabetes moves from Active foot disease to In Remission Treatment/Management the plan as above is activated.

This email and relevant links should be forwarded to:

- General Practitioners
- Allied Health Professionals
- Local Diabetes Clinical Teams

Yours sincerely

Dr Gregor Smith
Chief Medical Officer