

Community Podiatry Service for People with Diabetes

Introduction and Background

Diabetes is one of the fastest growing health challenges worldwide and diabetes foot related disease is a common and costly complication of this, however one that is potentially avoidable.

In metro Auckland lower limb amputation rates due to diabetes is higher for Māori and Pacific people than for non-Māori and non-Pacific. The aged, standardised amputation rate is three times higher in males than in females at 38.8 per 100,000 population and 13.1 per 100,000 respectively.

Aim of the Auckland PHO Community Podiatry Service for people with diabetes is to improve primary care services for people with diabetes foot disease to reduce the progression of their condition and incidence of secondary conditions.

Equity

It is recognised, that in Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. The Te Whatu Ora contract and funding Auckland PHO has for community podiatry recognises that different people with different levels of advantage require different approaches and resources to achieve equitable health outcomes. This is clear when it comes to diabetes related foot disease.

Patient Eligibility

All patients referred to Community Podiatry for people with diabetes must be enrolled in an Auckland PHO practice and:

- Have Type 1 or Type 2 diabetes mellitus and
- Have either moderate or high risk diabetes foot disease (classified at the time of the patient's diabetes annual review (DAR) using [the Diabetes Foot Screening and Risk Stratification Tool](#))
- Referrals can be made by a GP, NP or Practice Nurse who is competent in diabetes foot screening to refer to the community podiatry service.

Moderate Risk

Moderate Diabetes Foot Risk Eligibility Criteria

Any ONE of the following:

- **Loss of protective sensation** (*assessed via 10gm monofilament or 'touch toe' test*)
- **Peripheral arterial disease**
 - **More than one pulse absent**
 - **Signs/symptoms of PAD**
 - **Previous lower limb arterial interventions**
 - **Absent or diminished pulses without callus or deformity**
 - **Pre-ulcerative lesion**
 - **eGFR <15 (CKD Stage 5)**

Both the 10gm monofilament test and the Touch Toe Test can be reliably used for screening for loss of protective sensation caused by distal peripheral neuropathy that is a complication of diabetes. The calculation to say there is loss of protective sensation automatically changes when you select the test that you are going to carry out.

High Risk

Referral to Community Podiatry Services for Moderate Risk

Patients assessed as having a moderate risk at the time of the initial appointment will be eligible for **one assessment** appointment over a 12-month period.

The podiatrist can request additional follow up appointments if clinically indicated from the Auckland PHO Podiatry Services Co-ordinator, or a further referral can be made to community podiatry if required as part of a patient's next 'diabetes annual review/ year of care appointment' in the following year.

High Diabetes Foot Risk Eligibility Criteria

Any TWO of the following

In remission (one of the following)

- Previous amputation
- Previous ulceration

OR

Two or more of the following:

- Loss of protective sensation
- Absent or diminished pulses
- PAD
- Foot deformity with significant callus formation
- Pre-ulcerative lesion
- eGFR <15 (CKD Stage 5)
- Māori ethnicity

Referral to Community Podiatry Services for High Risk

Patients assessed as having high risk at the time of the initial appointment will be eligible for **one assessment** and **three follow up appointments** over a 12-month period.

The podiatrist can request additional follow up appointments if clinically indicated from the Auckland PHO Podiatry Services Co-ordinator, or a further referral can be made to community podiatry if required as part of a patient's next 'diabetes annual review/ year of care appointment' in the following year.

Note: The in-remission group have higher morbidity and mortality than all other groups, even those with an active foot problem. They also have at least a 50% chance of re-ulcerating within 12 months. They require close monitoring and may need to be managed by the Secondary Diabetes Podiatry Foot Clinic.

Not Eligible for Funded Community Podiatry Services

Patients with the following conditions are **not eligible** for this service are:

- **low risk foot assessment** (If low-risk foot, consider recommending private podiatry assessment, especially if visual impairment or physical disabilities affect self-care of the foot.)
 - **Woman with current gestational diabetes**
 - **People assessed as having pre-diabetes**
 - **low risk of developing diabetes related foot disease**
 - **People using the paediatric diabetes service**

Active Risk

- **require toenail cutting only**

Active Risk – Admit to hospital and refer to [HealthPathways](#) for updated advice. All patients with acutely infected feet should be referred to [vascular surgery](#).

POAC does not fund intravenous antibiotics for these patients unless endorsed by a named specialist.

If active ulceration, request non-acute diabetes assessment, and select podiatry on the e-referral form, marking the request as urgent.

Assessment of Active Risk by the Community Podiatrist

People assessed as having an active foot condition will be referred the same day by the podiatrist to the secondary service Specialist MDT Foot Team and the patient's general practice will be informed of this.

People with high-risk feet requiring medical grade footwear or orthotics to prevent first or subsequent ulcerations will be referred to the orthotic service.

Community Podiatry Service

- Services are delivered by contracted podiatrists who have a current annual practicing certificate and have a minimum of 2 years' experience working with the diabetic foot.
- Podiatrists demonstrate that they have the necessary equipment to complete a full assessment.
- Appointment duration is appropriate for level of assessment required. It is expected that a first assessment (FA) appointment are approximately 45 minutes and follow ups (FU) are approximately 30 minutes.
- The Podiatrist will provide a package of care to the patient that is based on patient individual needs. Each person will receive a year of care from the time they are referred to the community podiatry services having been identified as being at moderate or high risk of developing diabetic foot disease.
- If the patient's foot condition heals to a low-risk foot category, the podiatrist will transfer the patient back to the practice with a summary on how to care for the person's feet.
- The initial assessment will include:
 - General health and diabetes assessment
 - Vascular assessment with Doppler
 - Neurological assessment
 - Footwear assessment
 - Dermatological assessment
 - Treatment of foot conditions for people with moderate or high-risk feet as clinically appropriate and the development of a treatment plan for the year
 - Arrangement of follow up appointment if required

The podiatrist will inform the practice about the treatment being provided, length of the treatment plan and when the patient exits the service. A written report will be provided within three weeks of the completion of service with any instructions for the GP/nurse to follow-up.

Funding

The practice may charge the usual co-payment to see the patient with diabetes or claim the Diabetes Annual Review/Year of Care claim (\$50), however the podiatry service is free to the patient (Contracted to Auckland PHO by Te Whatu Ora).

Mōhio Podiatry Referral Form

1. The screenshots below are examples of the Mōhio referral form and risk stratification questions that appear when the “Diabetes Screening and Assessment Tool” is opened. (see screenshots on page 5).

Consultation Date
 Phlebotomy Blood taken in practice
 Currently Pregnant
 Smoking Status
Brief advice and cessation 137R coded on 3/12/2024
 Diabetes Type
 Year of Diagnosis
This field is required
 Last retinal screening
[Last retinal screening] is required
None, but referral made?
 Serum Uric Acid
 HbA1c
 BP Latest /
 BP Previous /
 Total Cholesterol
 Cholesterol HDL
 Cholesterol LDL
If missing due to a high triglyceride please enter 'incalculable'
 Severe Mental Illness

Albumin:Creatinine Ratio (ACR)
[Albumin:Creatinine Ratio (ACR)] is required
If missing due to a kidney disease please enter 'incalculable'
 Albuminuria
 Serum Creatinine
 eGFR
 Weight
 Height
 Waist Circumference
 Atrial Fibrillation
 Pulse Rate
 Rhythm
IRR(Irregular), NE(Not Examined), REG(Regular)
 CVD/Diabetes Medication
[CVD/Diabetes Medication] is required
 Family History
[Family History] is required
 Prior CVD
[Prior CVD] is required
 Other Criteria/Conditions
[Other Criteria/Conditions] is required
 Insulin
[Insulin] is required
Start if HbA1c > 90

Foot check questions in the Diabetes Annual Review Form. Diabetes Foot Screening and Assessment Tool questions shown on pages 6-7

Date of last foot check
[Date of last foot check] is required
 Risk of Foot/Feet
Patient does not have an accepted foot risk
[Open Diabetes Foot Screening and Assessment Tool](#)
 Podiatry Referral Made

2. Community Diabetes Podiatry Service Form

Community Diabetes Podiatry Service(8005) Information and Eligibility **Main** Claims Decision Support

Consultation Date
Details of this referral will be electronically submitted to Auckland PHO who will pass on to a local podiatrist who will contact your patient.
 Patient phone number
 Mobile phone number
 DSME Offered
 Create referral to Auckland PHO podiatry
 Presenting problems
 Previous podiatry
 Risk Category
Open Diabetes Foot Screening and Assessment Tool
 Diabetes Type

To establish risk score, providers can use the Diabetes Foot Screening and Assessment Tool, available in both the Diabetes Annual Review form and the Community Diabetes Podiatry Service Form:

Does patient have any of below? ✕

Tick if applicable and press continue

Active ulceration
 Left Foot Right Foot

Spreading infection
 Left Foot Right Foot

Critical Limb Ischaemia
 Left Foot Right Foot

Gangrene
 Left Foot Right Foot

Hot swollen foot with/or without pain-possible active Charcot
 Left Foot Right Foot

Post-operative including open wound
 Left Foot Right Foot

[Continue](#)

Does patient have any of below? ✕

Tick if applicable and press continue

Previous amputation
 Left Foot Right Foot

Previous ulceration
 Left Foot Right Foot

Consolidated Charcot foot
 Left Foot Right Foot

[Back](#) [Continue](#)

Does patient have any of below? ✕

Tick if applicable and press continue

Loss of protective sensation
 Left Foot Right Foot

Absent or diminished pulses
 Left Foot Right Foot

PAD
 Left Foot Right Foot

Charoot deformity
 Left Foot Right Foot

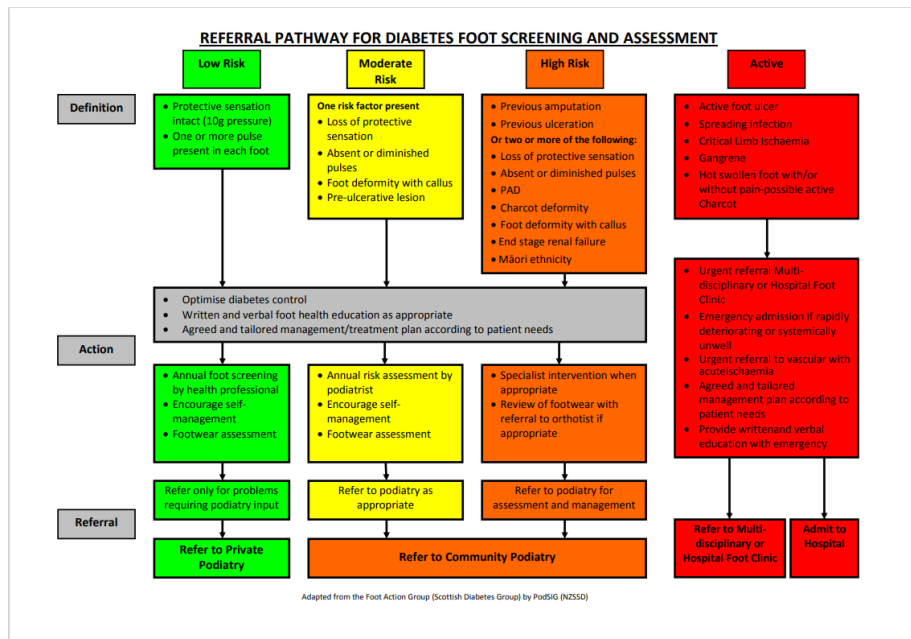
Foot deformity with callus
 Left Foot Right Foot

Pre-ulcerative lesion
 Left Foot Right Foot

End stage renal failure

Maori ethnicity

Embedded in the form is a copy of the Referral Pathway



Reminder that once the form has been submitted, APHO will pass the referral through to a Podiatrist local to the patient's home address:

Details of this referral will be electronically submitted to Auckland PHO who will pass on to a local podiatrist who will contact your patient.