

Content

Department Name: Diabetic Patients & Major Limb Amputations

Process Name: Current pathways inc GP, Musgrove, YDH & Community

Change History:

Version	Draft	Date	Author	Comments
0.1	YES	18/09/24	L Derrick	Maps 1-14 sent to colleagues for review
0.1	YES	23/09/24	L Derrick	Map 14 amended as per Georgina updates
1.0	NO	23/09/24	L Derrick	Maps 3-7 signed off
1.0	NO	02/10/24	L Derrick	Maps 12 & 13 signed off
1.0	NO	16/10/24	L Derrick	Maps 8-11 signed off
1.0	NO	17/10/24	L Derrick	Maps 1&2 signed off



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Improvement team


● **Improve health** ● **Better care** ● **Lower costs**


Legend


	Symbol used to Indicate the start or end of a process
	Symbol used to indicate an event, task or action
	Symbol used to indicate whiteboard actions
	Symbol used to indicate e-whiteboard actions
	Symbol used to indicate paper documents and proforma activity excluding patient Case Notes
	Symbol used to indicate Case Note activity
	Symbol used to indicate a decision point. The question is shown in the icon and there will be two options
	Symbol used to indicate a choice as to which path to take. There can be multiple outputs.
	Symbol used to indicate a point whereby all output paths should be actioned.
	Symbol used to illustrate Diary/Whiteboard Updates , labelled accordingly i.e Admission Diary = AD Receptionist Diary = RD Transfers Whiteboard = TW Patient Whiteboard = WB


	Symbol used to Indicate the start or end of a process
	Symbol used to indicate a system where data is captured inc. emails
	Symbol used to indicate a reporting point i.e. system generated reports or escalation points to management etc.
	Symbol used to indicate a link to another map
	Symbol used to indicate a link from another map
	Symbol used to illustrate link to maps within other Visio documents
	Symbol used to indicate a point where some of the following paths should be actioned
	Symbol used to include a comment or additional information
	One-way arrow used to show sequence of events and what is produced by an event.
	Symbol used to illustrate multiple ideas (green) and issues (red) , numbered accordingly

 Symbol used to Indicate Happy

 Symbol used to Indicate Indifferent

 Symbol used to Indicate Unhappy

 Symbol used to Indicate Worried


 Symbol used to Indicate Angry


 Defects

 Over Production

 Waiting

 Un-utilised Skills

 Transportation

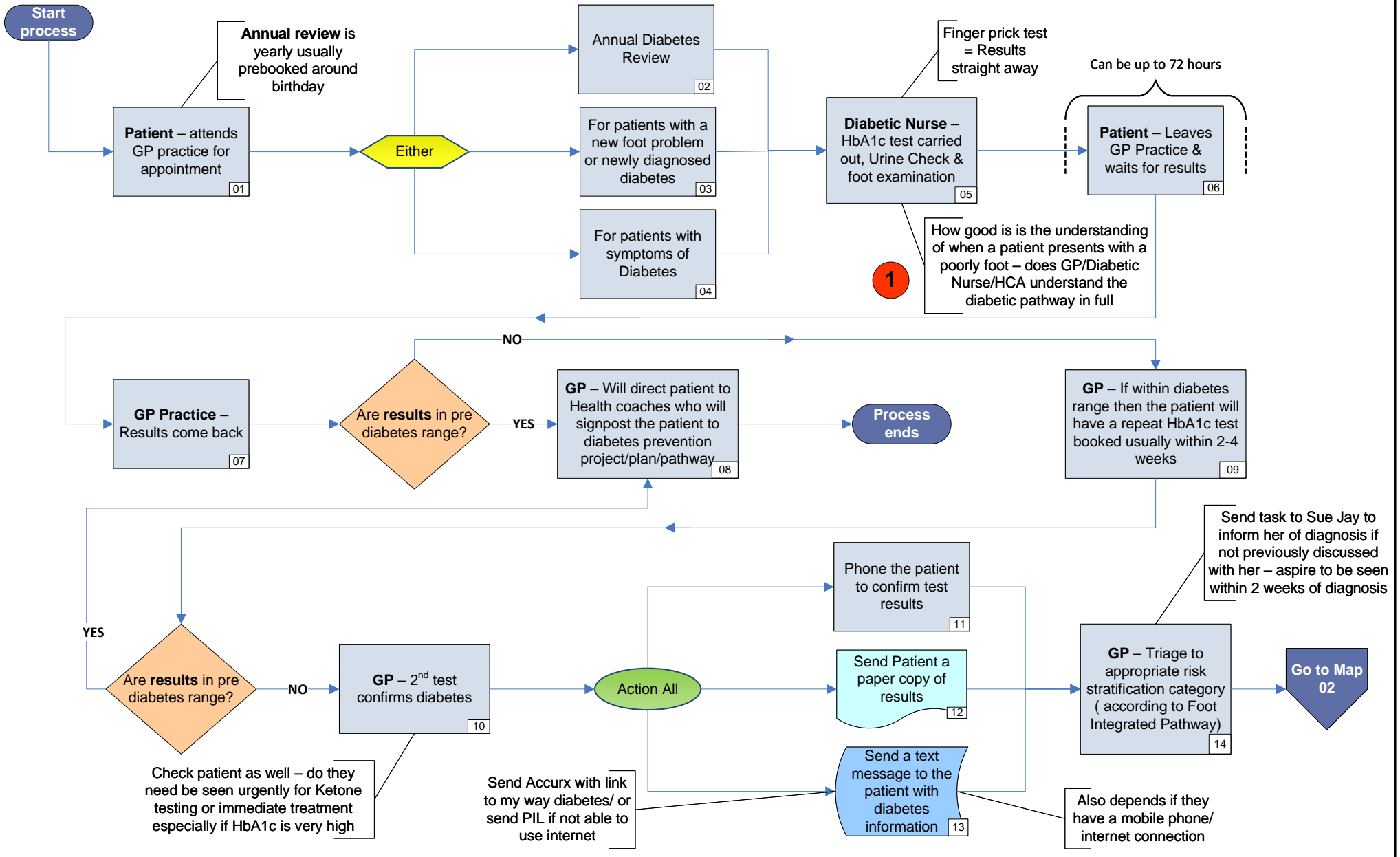
 Inventory

 Motion

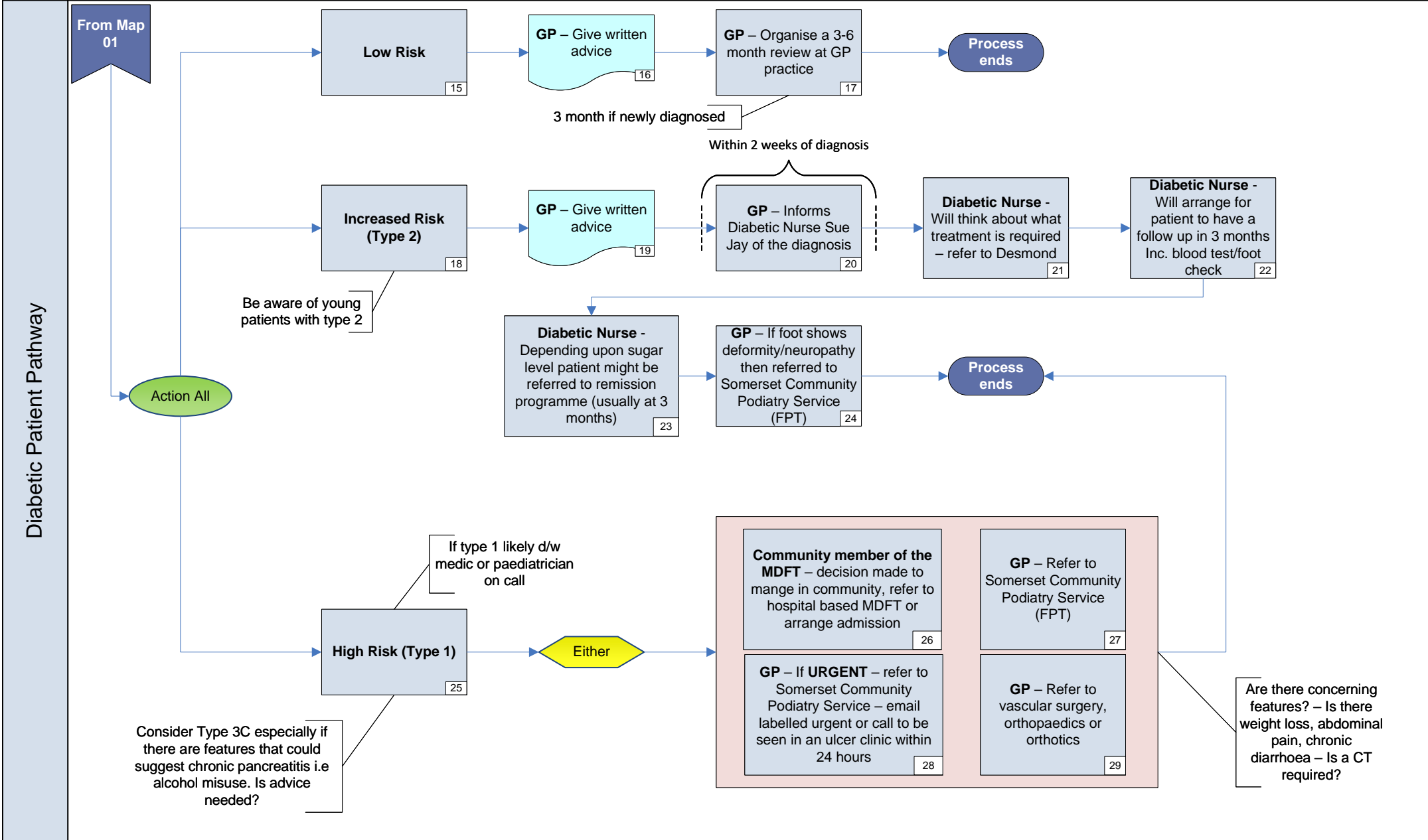
 Extra Processing

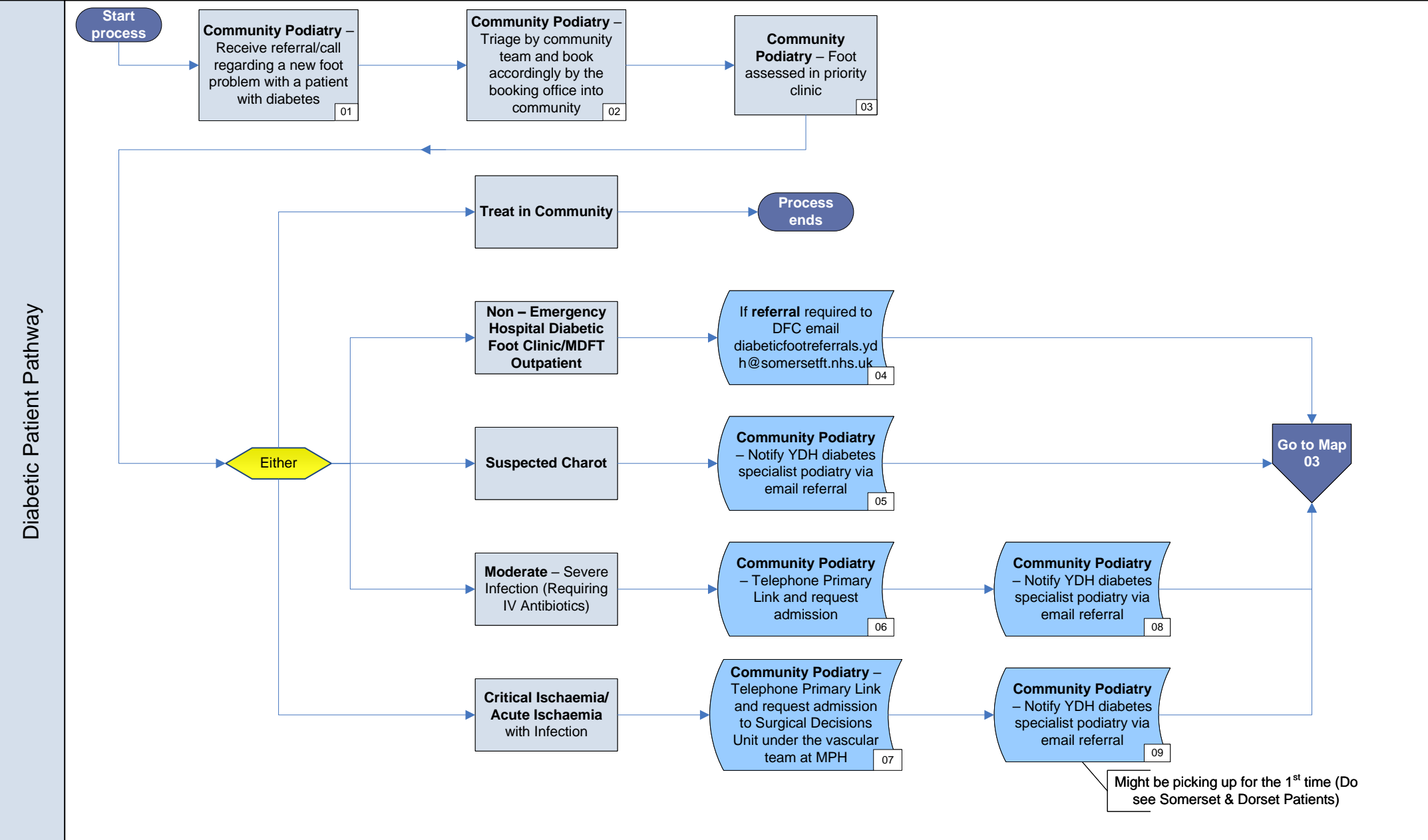
Accurx = Patient App / PIL = Patient information Leaflet

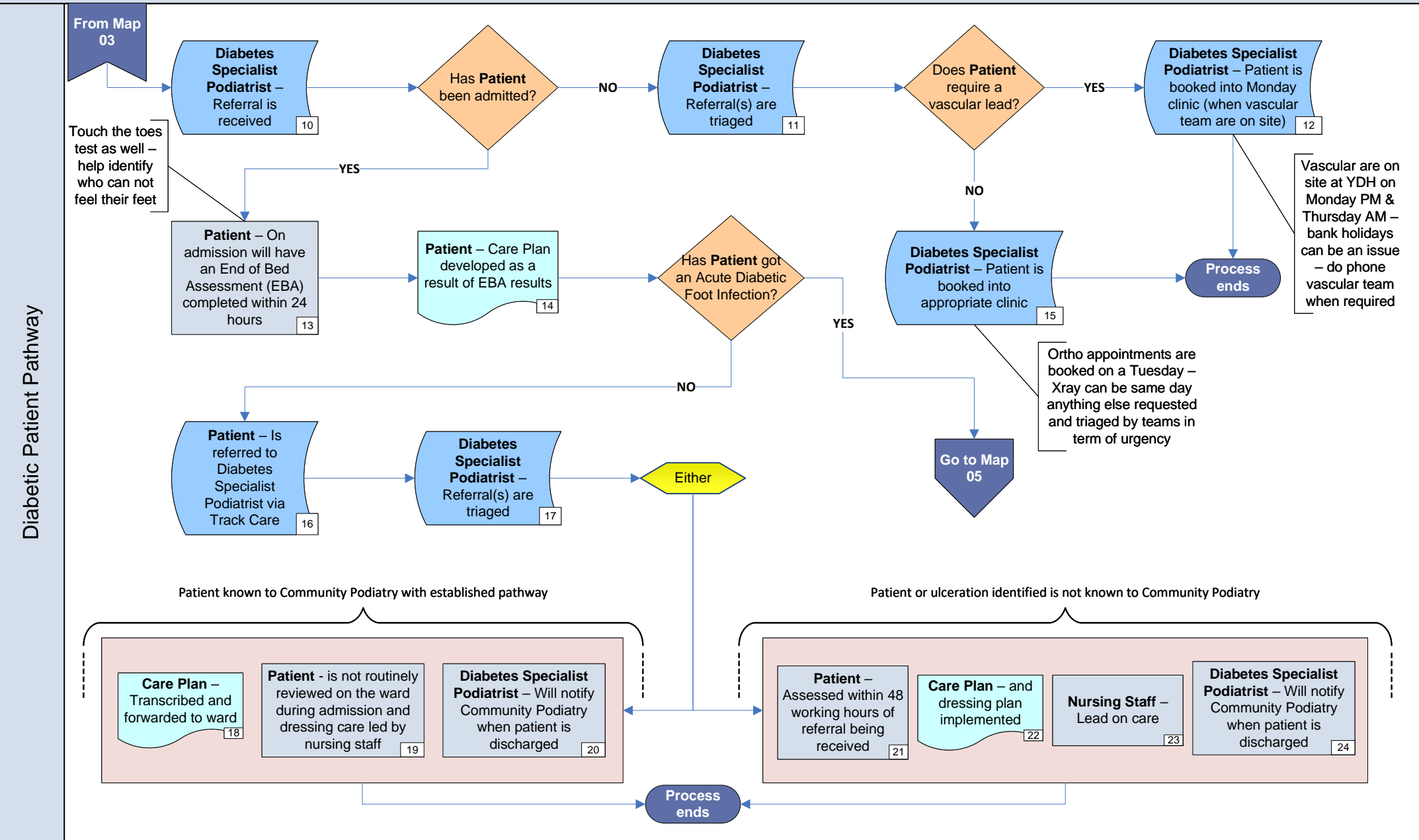
Diabetic Patient Pathway

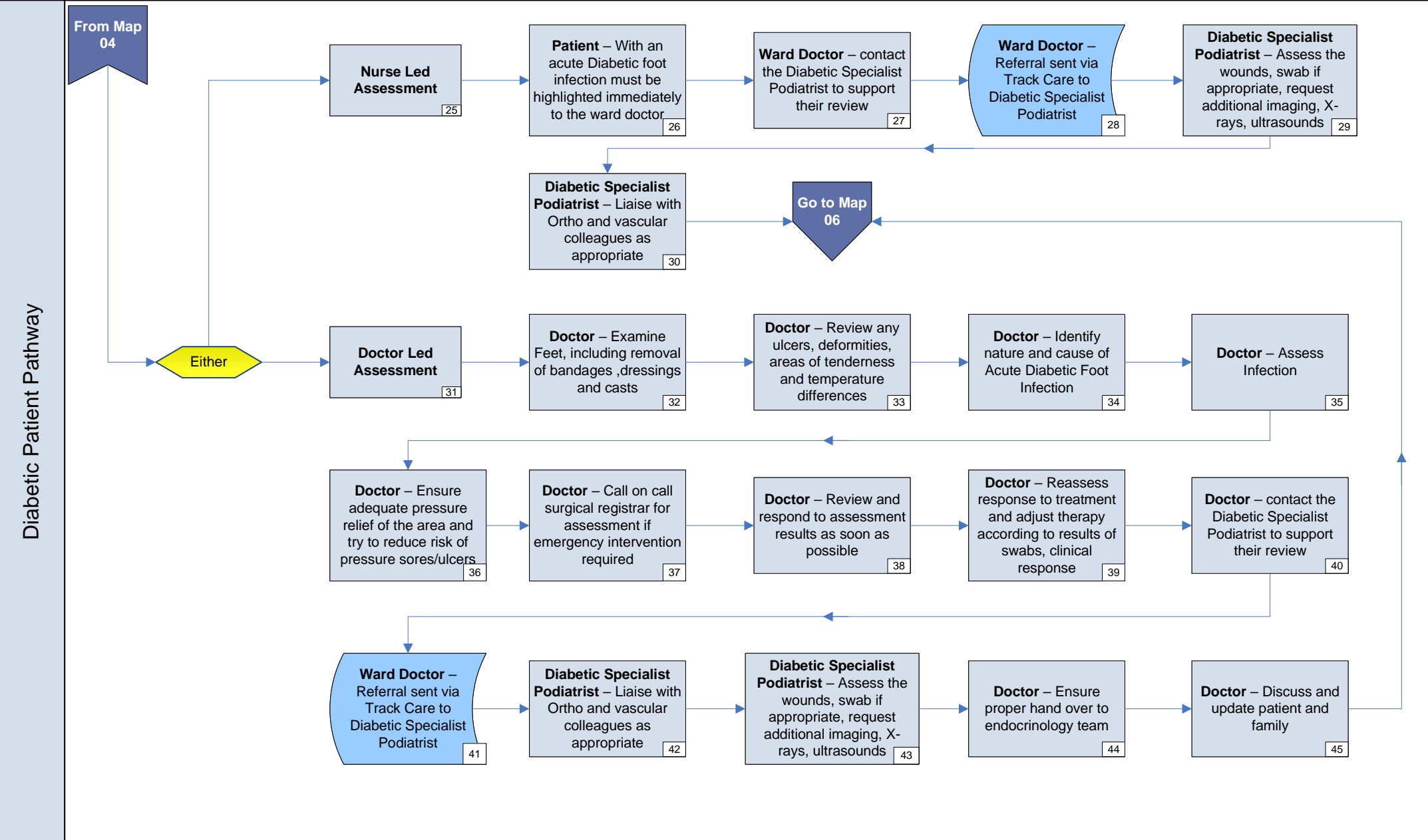


FPT = Foot Protection Team / MDFT = Multidisciplinary Foot Team

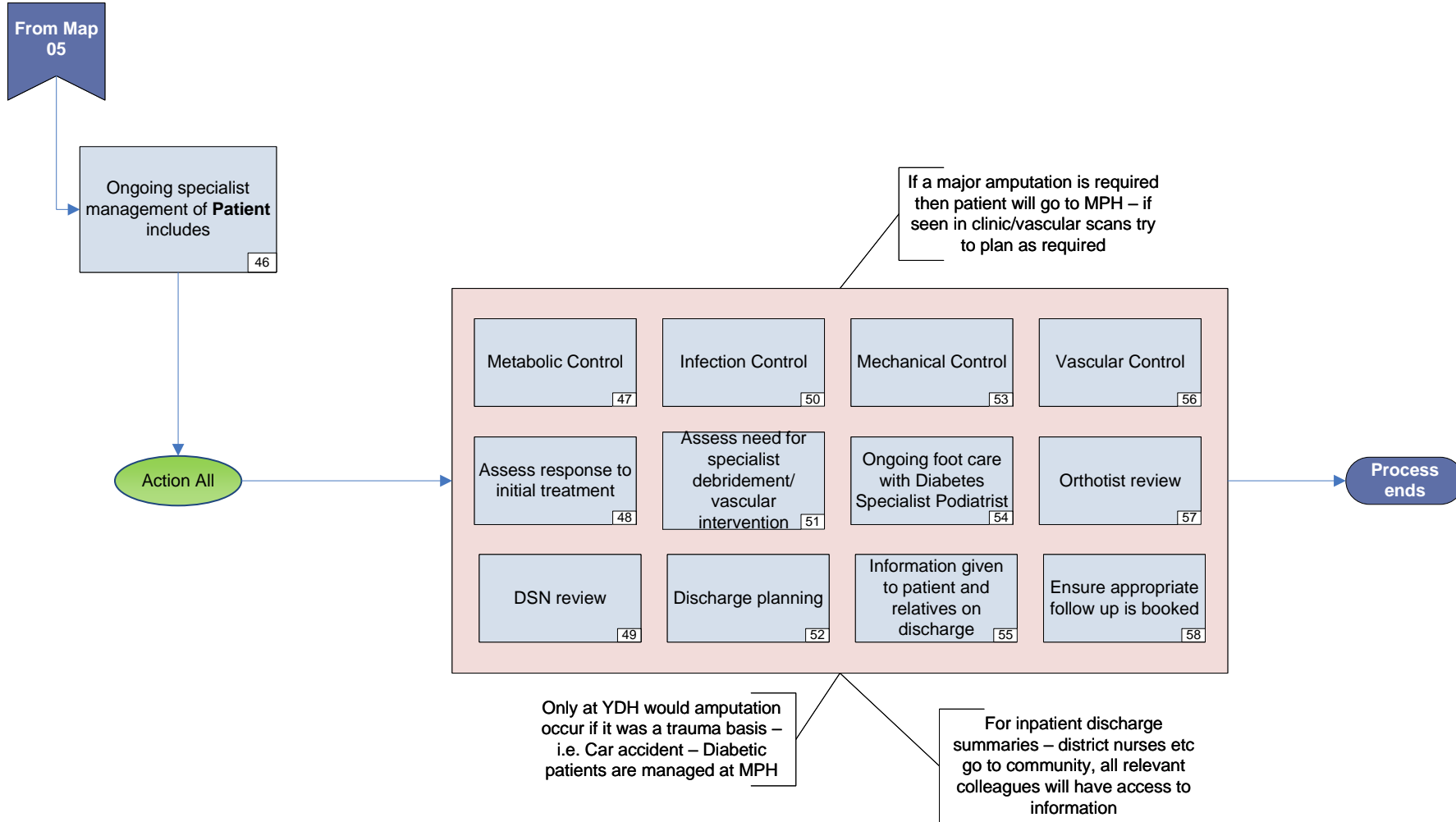








Diabetic Patient Pathway



Diabetic Patient Pathway

**Sarah Ayles
Feedback**

When Sarah is on Maternity leave there is minimal cover – referrals have now reduced

Do have a **good relationships** with the teams – have links with the staff and know how the service works and likewise how I work

Inpatient end of bed assessment is completed on paper – cant audit it – need to be there to see if there are concerns – ulcers, swelling, redness and concerns (MPH assessment is online)

More support needed for Sarah for Ortho/ Vascular ward rounds – currently no physical support only by phone

Biggest challenge – in terms for **OPD how quickly patients** are escalated to Sarah

Speed of Duplex requests – e.g. Patient has had a wound for a period of time – not always deemed urgent – better consistency needed within both YDH and MPH sonographers

Sarah built up time in lieu but when does she take it?

Referrals are picked up next day as **there is not always cover** – i.e. sickness, A/L, podiatrist off site – the service is not always covered.

Sarah is a non medical prescriber – 4 years qualified – enables her to adjust inpatient and OPD prescriptions as needed

Every patient that comes through ED should be discussed at assessment but **this does not happen** – patients have to wait to see Sarah

There is **NO weekend cover** for Podiatry

Often patients that come through ED are rarely known to any service

Sarah does a lot of training – FITBIT imitative – looking at type 2 diabetes – had 12 delegates attend and hardly any had a concept of what the foot check is for

When **Sarah** is not there – there is no cover

Management of patients falls to Nursing colleagues for support

An example was Sarah doing a review for 4 patients tomorrow – patients met the criteria **but nobody escalated to vascular, no physical assessment took place**

Ortho support is by one consultant – Mr Grundy – MDT clinic is held every other Tuesday morning – see only 3 patients only

In August there was only **one MDT** due to leave

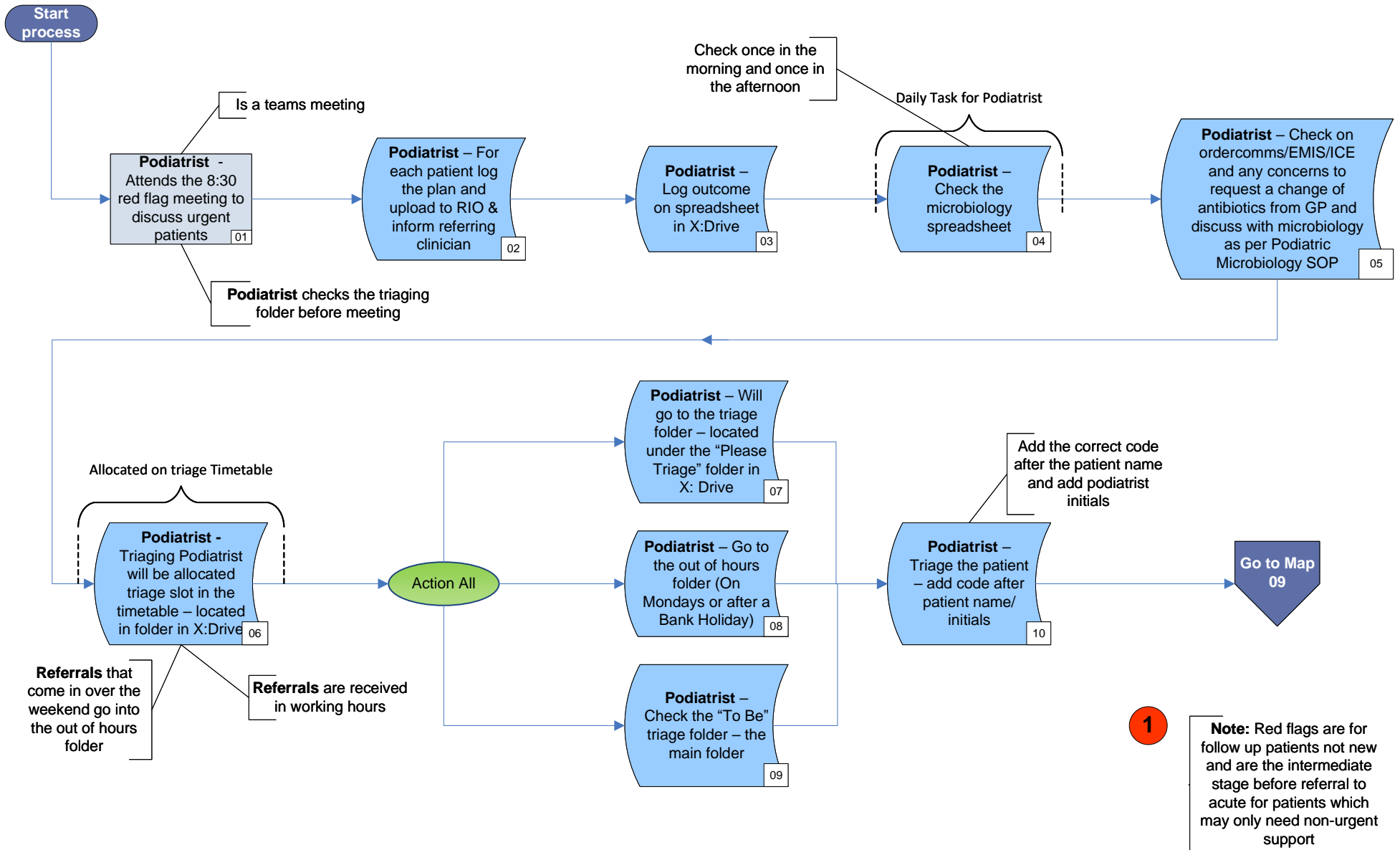
Sarah is the one consistent presence at the MDT's – the on call process not actioned as it should be

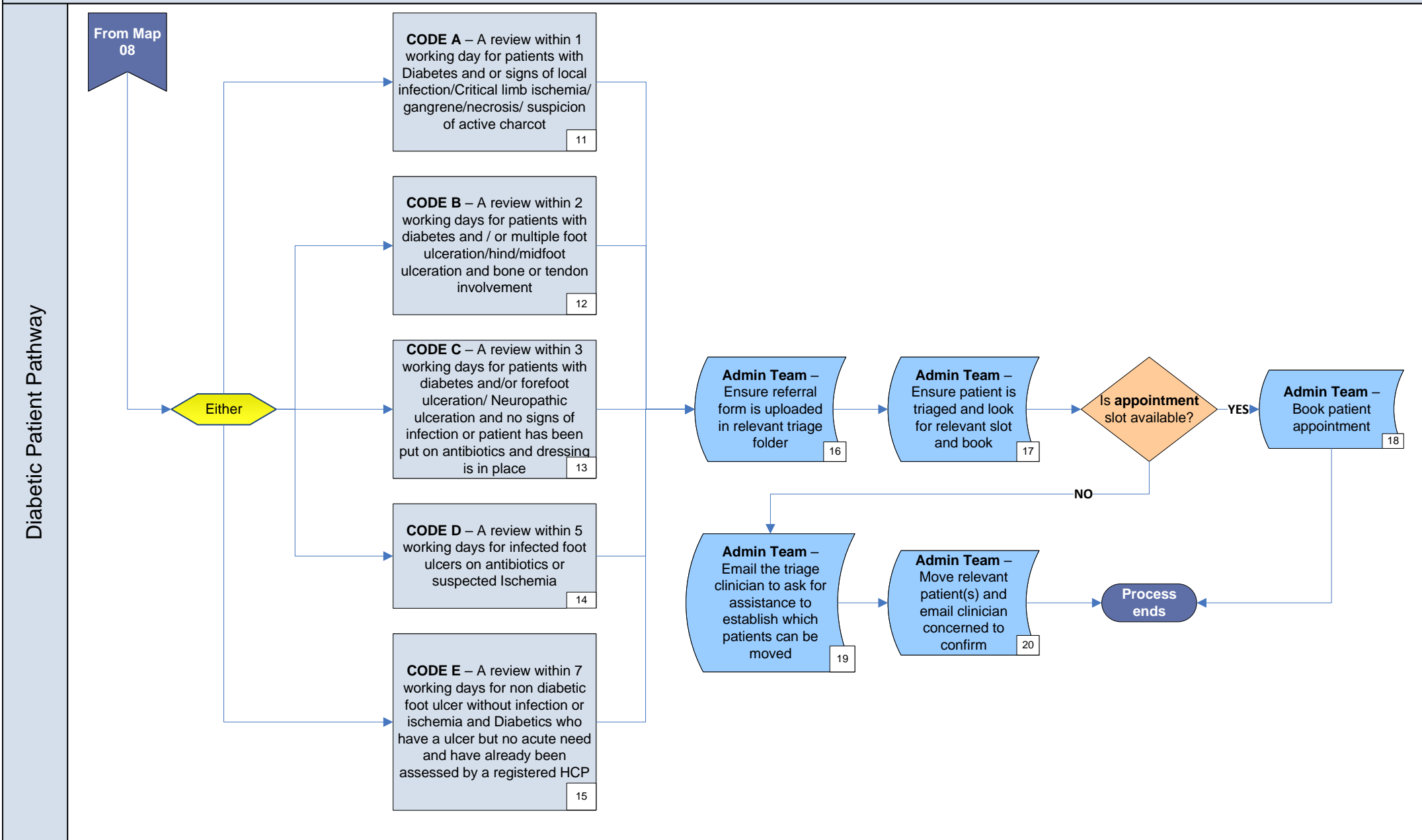
Foot Checks (they are done) by HCA's but what do they know? Understanding / knowledge can be vague

Mr Grundy recognises that Sarah is a lone worker – there is no support on a Friday as Mr Grundy does not work on a Friday

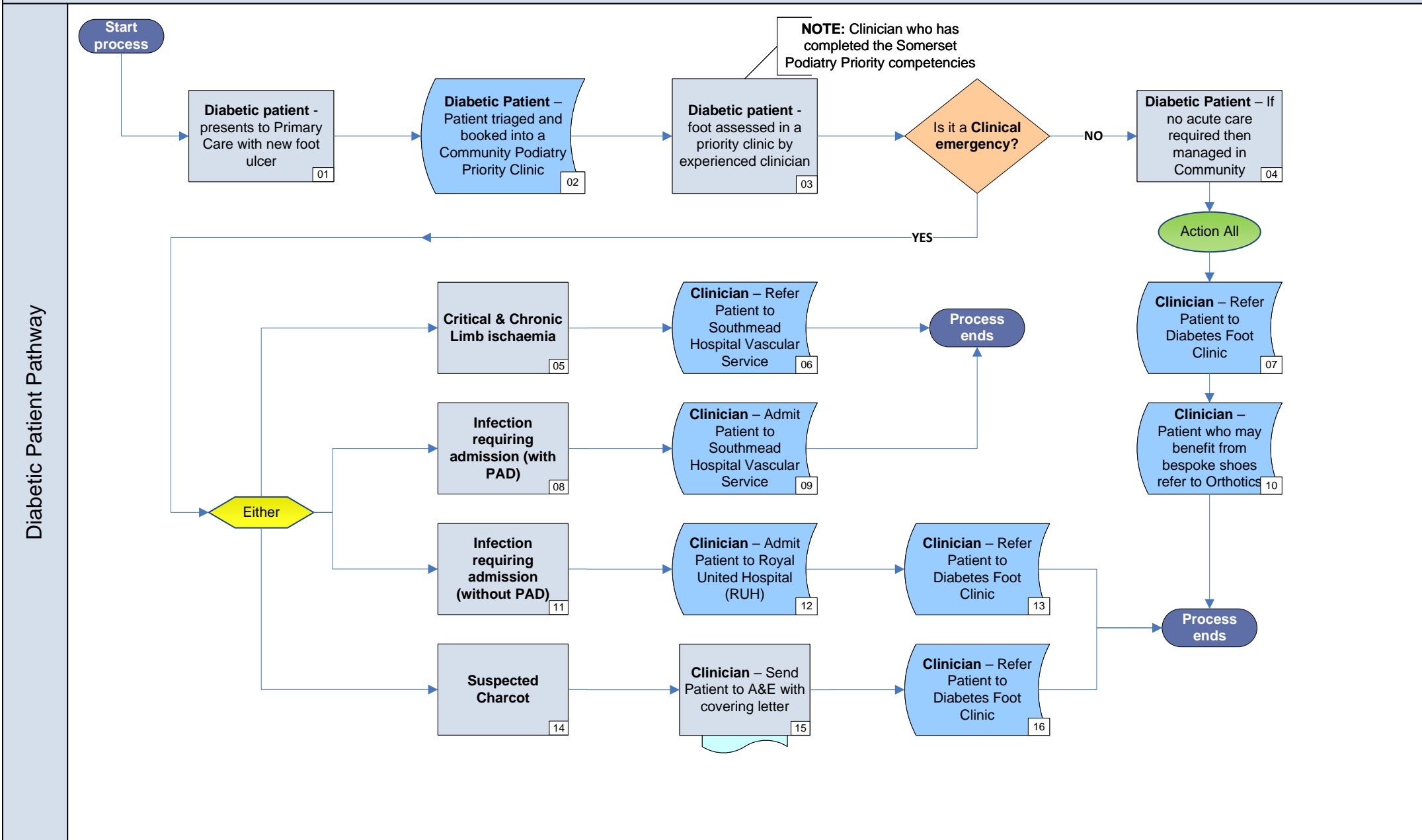
There is currently **NO diabetes consultant support**

If there is a major issue Tissue viability Nursing will help – there are no vascular Nurses at YDH



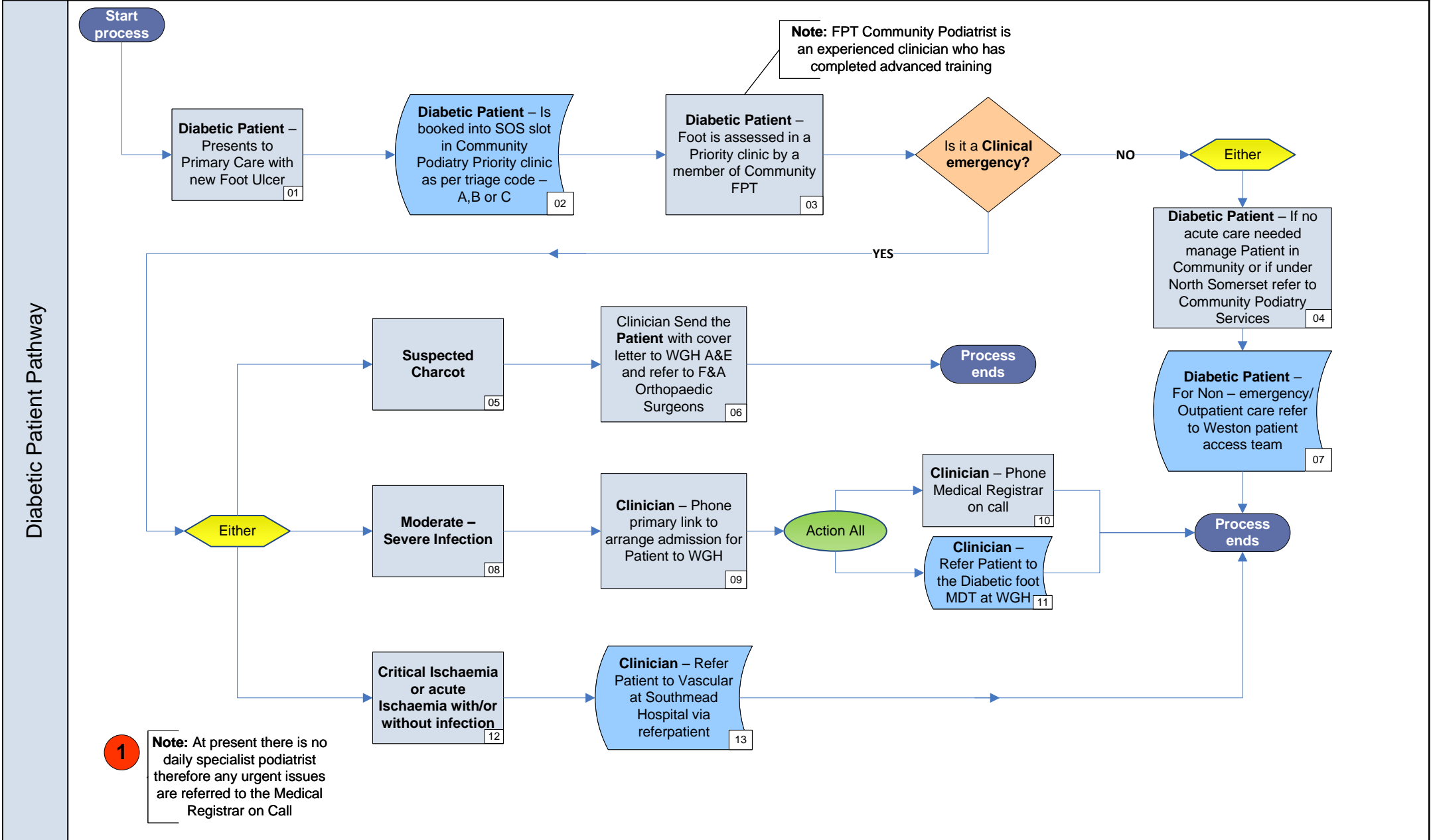


PAD = Peripheral Arterial Disease

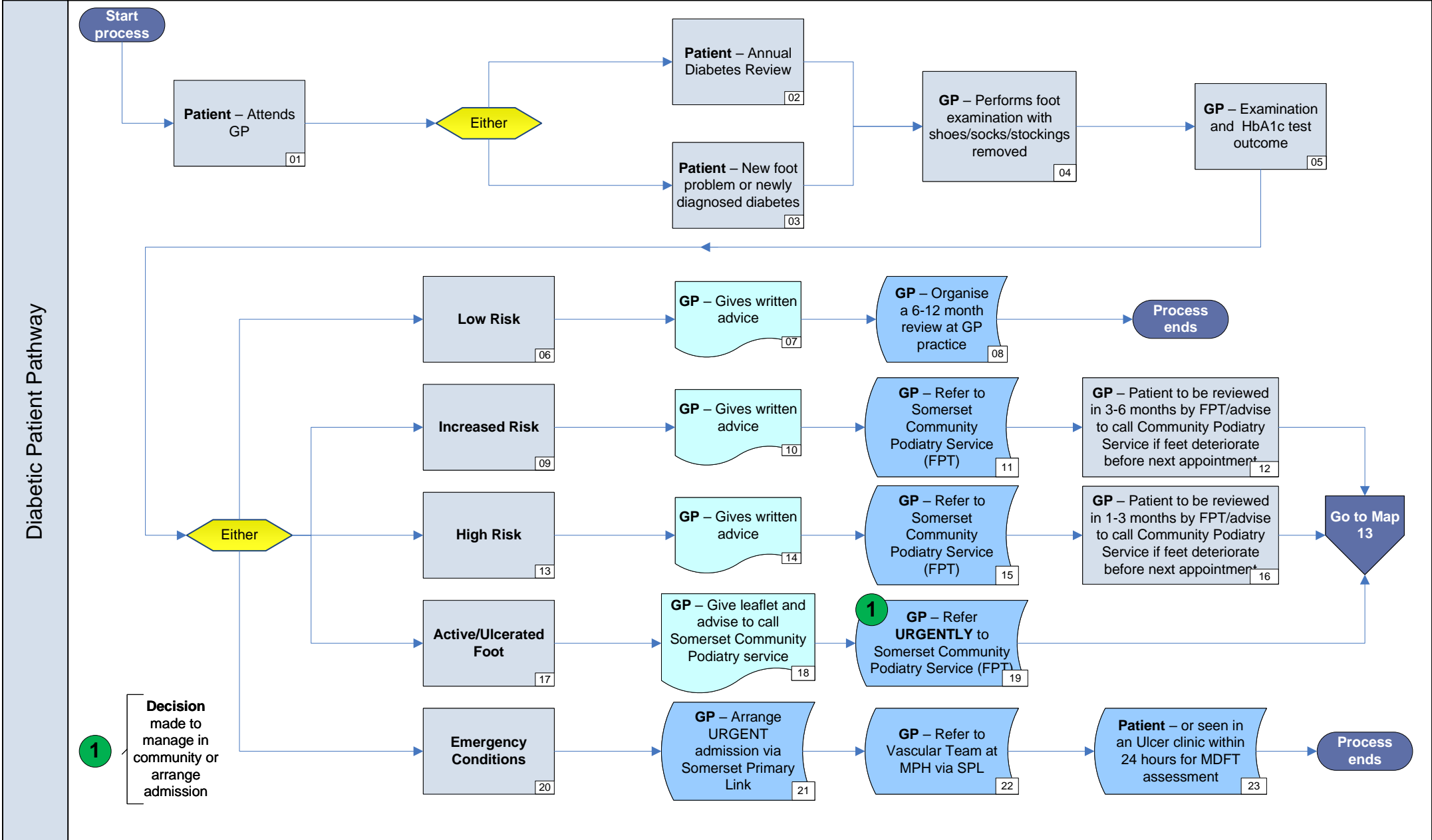


Diabetic Patient Pathway – Referral Pathway - Somerset Podiatrists managing Diabetic Foot Disease (Weston General Hospital) – Map No 11 – As Is

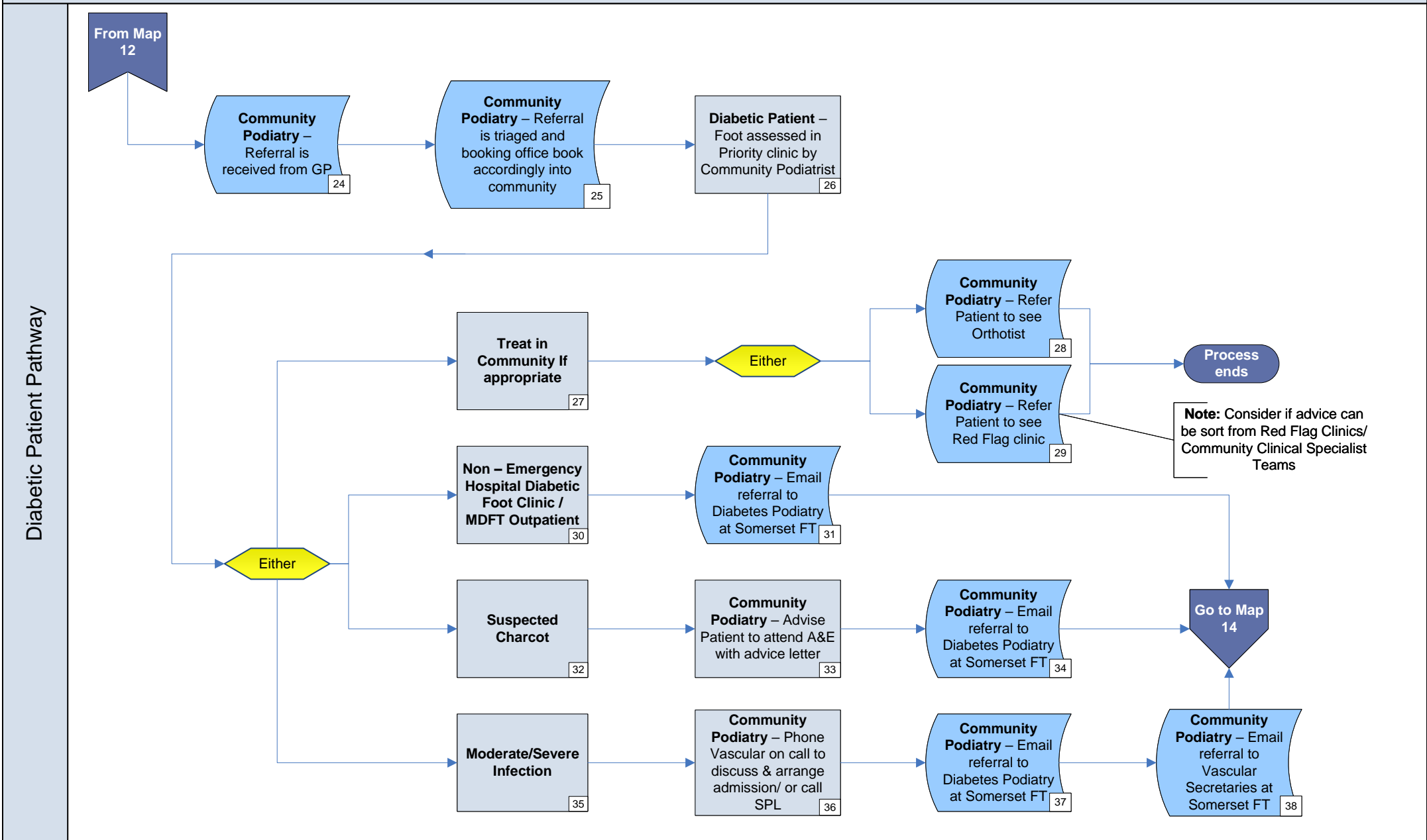
WGH = Weston General Hospital

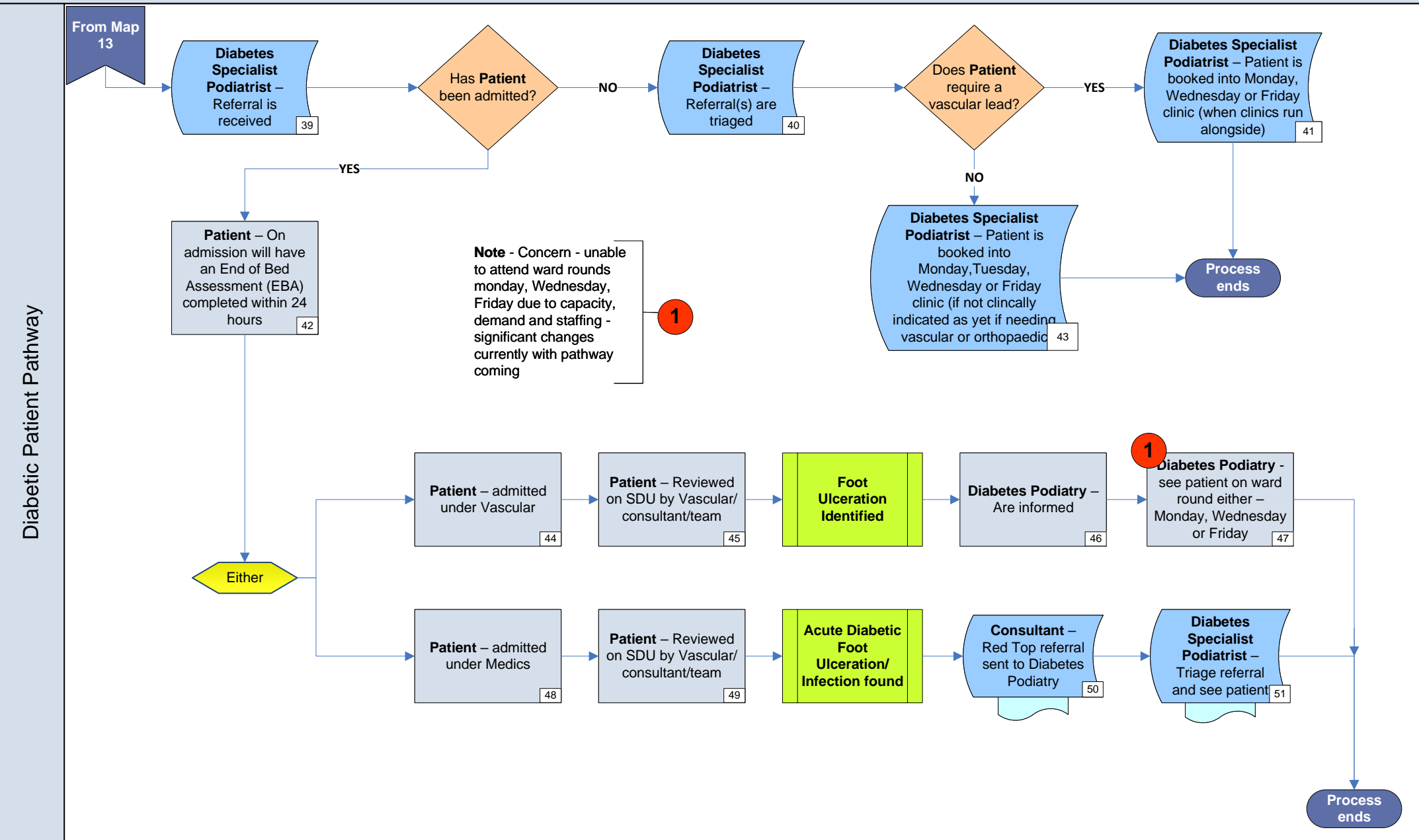


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Diabetic Patient Pathway

Staffing

- G Allen (Diabetes Sp Podiatrist Acute) (37.5) Maternity – 30.09.2024 – **no MAT post put out internal or external**
- F Davis (Covering Community Specialist Podiatrist) Maternity – 04.09.2024 – **no current covering podiatrist available to be pulled from community podiatry**
- K Manders (Diabetes Sp Podiatrist Acute/ Community) (Hours 22.5 acute and 7.5 community – total 30hrs a week) – **Has now been working 30hr contract in acute only**
- N Drake (ACP 8A) – **unclear hours currently for acute podiatry if 3 or 2 days a week/ covering MAT posts.**
- **No/ limited annual leave cover, which effectively causes shut down of service.**

Summary:

Diabetes podiatry since 2019 has had 2 full time hours working to cover the capacity and demand of the service. Since June 2021, this has not been fulfilled. **Effecting the service to run affectively**

Appointments/ Admin

- Due to joint working with vascular, orthopaedic, plaster room, FDMT. **Arrange clinics and time slots to merge correctly with other teams very time consuming to team**
- **Has had no to limited admin support for approx. 2 years – appointments team restated as of sep 2024 .**
- On merging with community podiatry, looking at Dragon soft wear for dictations/ letters – on discussions surrounding this system- **going to create significant workload on podiatrist in clinic, where already limited capacity and staffing.**
- **Concern for current remaining clinicians having appropriate admin time due to no maternity cover put in place**

Pathway

- Significant changes to pathway over the next 18 months – vascular nurses been provided funding from podiatry to cover vascular wards. **Therefore, no podiatry will be reviewing vascular ward patients. Concern for patient not being pick up by diabetes podiatry, due to lack of communication via discharges and teams**

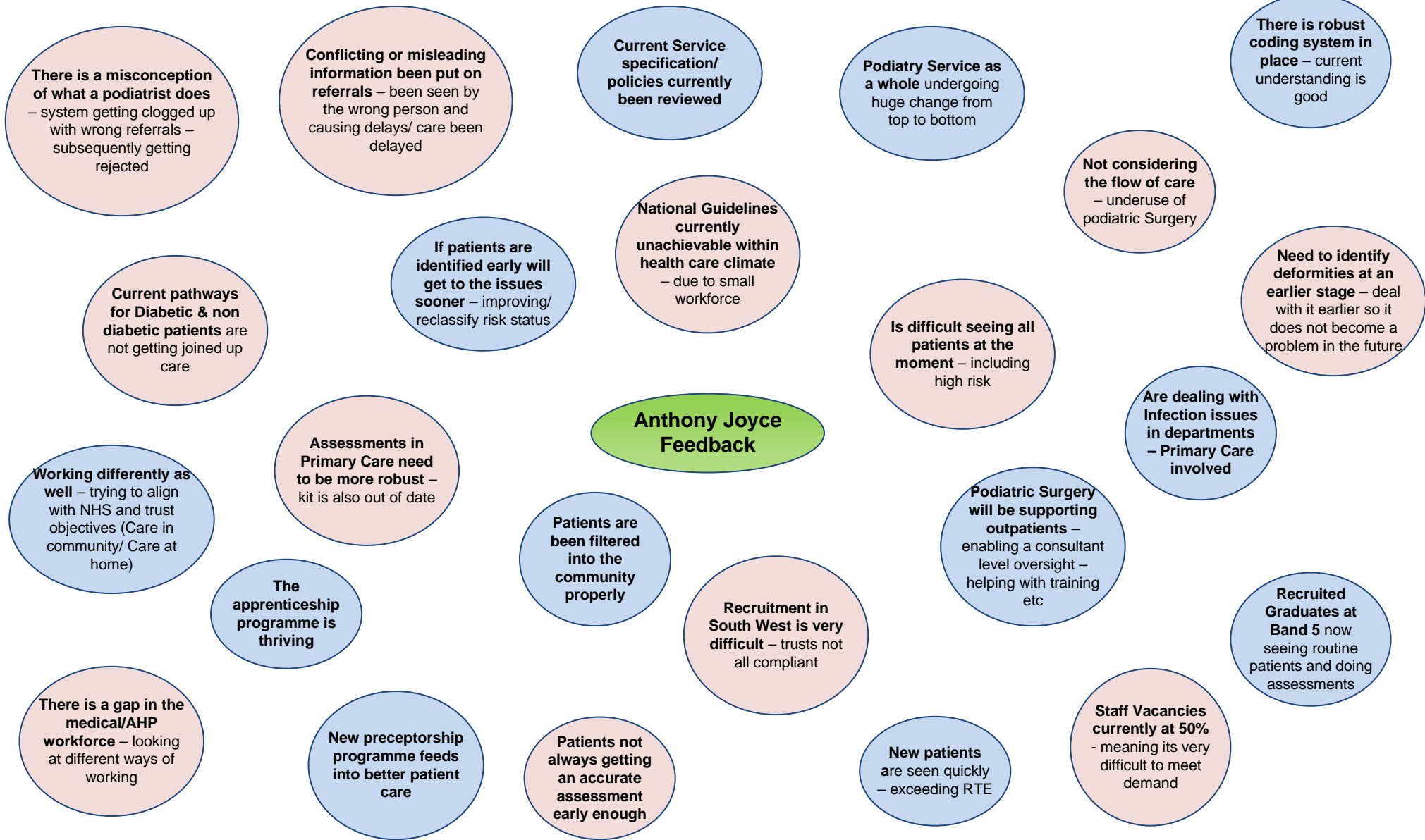
Inpatient Provision

- Foot Checks (Completed on ward) – **Are staff understanding/ have knowledge ? need to re implement training**
- New inpatient touch toes (end of bed assessment) being implemented to help with appropriate referrals

Non- Medical Prescribing

All contracted acute diabetes podiatry clinicians now have there non- medical prescribing, allowing for review, provision and advice

Diabetic Patient Pathway



Diabetic Patient Pathway

