PODIATRY SERVICE REFERRAL CRITERIA

NHS Nottinghamshire Healthcare NHS Foundation Trust

Nottinghamshire Healthcare - Podiatry Access Criteria		
Core Podiatry **Requires BOTH podiatric and medical need to meet Access Criteria**	**Urgent Foot Problem**	• Active Foot Ulcer (below ankle) which is not limb-threatening (no evidence of peripheral arterial disease, spreading or deep-seated infection) • People who have declined referral/are unable to attend secondary-care diabetes foot clinics
	Podiatric need	• Previous foot ulceration • Previous non-traumatic amputation • Painful nail deformity • Ingrowing toenail (with/without Infection) • Painful or pathological callus/hyperkeratosis/corns • Foot deformity (including chronic Charcot)
	Medical need	• Diabetes with moderate/high foot risk (Neuropathy and/or Peripheral Arterial Disease) • Peripheral Arterial Disease • Peripheral Neuropathy • Inflammatory arthropathies (such as Rheumatoid Arthritis) • Autoimmune Conditions (such as Scleroderma, Lupus) • Neurological Disorders (such as Parkinson's disease, Motor Neurone disease, Multiple Sclerosis) • Stage 4+ CKD/Renal Replacement Therapy/Renal Transplant • Chemotherapy (Possible discharge once ceased) • Immunosuppression
Any patients with Diabetes and suspected Charcot, or foot ulceration with any immediate limb threatening foot concern (such as CLTI, necrosis, spreading/deep-seated infection) should be referred directly to secondary care: **Diabetes Foot Clinics:** NUH - NUHNT.diabetesfootreferrals@nhs.net SFH - sfh-trDiabetesFootClinicKMH@nhs.net DBTH - Requires GP referral **Vascular Team:** NUH/SFH - Vascular Registrar on call: 07812 268567 or Clinical Nurse Practitioner on-call: 07812 275521 DBTH – Vascular Surgeon on call: 01302 644059		
Nail Surgery	• **Procedure under local anaesthetic to remove Nail plate (partial or total) for In-growing toenail, Involuted toenail, or other painful toenail problem (with or without bacterial infection)** • **Patients need to be suitable to receive local anaesthetic** • **Please note: Nail Surgery Referral only accepted for patients aged 5+ years**	
MSK	• MSK foot/ankle pain where primary interventions have been unsuccessful (i.e. RICE, stretching, footwear modification) and are adversely impacting on activities of daily living (e.g. work, walking) • **Please consider organising appropriate imaging in conjunction with this referral** • Insoles/Orthotics provided by Podiatry can only fit in high-street shoes, we are unable to provide footwear	
Podiatric Surgery	• **Surgical correction/treatment of:** ○ Painful foot deformities ○ Painful soft tissue pathology ○ Other foot pain (e.g. metatarsalgia)	
Podiatric surgery is performed under local anaesthesia at Park House Health and Social Care Centre, Carlton. Surgery under local anaesthesia may be contraindicated in unstable systemic disease (Cardiovascular, respiratory, renal), where there is a lack of post-operative support or in severe anxiety. The service cannot admit patients to hospital and has no access to general anaesthesia.		

Foot Conditions Not Eligible for NHS Podiatry: (these referrals will not be accepted)	
• Toenail cutting (including difficulty reaching feet to cut nails)	• Diabetes annual foot screening (low risk)
• Corns, callus and other nail conditions without medical risk	• No podiatric problems with feet
• Fungal nail and skin conditions	• Conditions originating from above the ankle
• Verrucae	
A diagnosis of diabetes alone, or requests for nail care are not sufficient reasons for referral	

Please note:

- All referrals are clinically triaged based on the information provided. Only referrals that meet the above criteria will be offered an assessment appointment.
- Please include photos of foot problem where possible. Patients may be contacted directly requesting photos.
- Any rejected or incomplete referrals that do not provide sufficient information for triage will be returned.
- Assessment does not guarantee ongoing care, and may include advice, foot health education, short/intense block of treatment and/or discharge.
- Waiting times for assessment vary, and are allocated according to risk, foot problem, patient needs and requirements.
- Domiciliary visits are only provided for bedbound patients, and eligibility will be assessed regularly. Patients who are able to leave their house will be required to attend a clinic for any treatment needed.

PODIATRY SERVICE REFERRAL FORM
To be completed by GP or Healthcare Professional

Nottinghamshire Healthcare NHS Foundation Trust

PATIENT DETAILS					
NHS Number:		**Date of Birth:**		Sex: (M/F)	
Title:		**First name:**		**Surname:**	
Address:					
Postcode:		**Contact Telephone No:**			
Ethnic Group:		**First Language:**			
Interpreter/Chaperone Required: (Y/N)		**If 'Yes' - specify:**			
Mobility/Access: Is patient able to climb stairs in event of emergency (Y/N)					

GP DETAILS			
GP Name:		Telephone No:	
Practice Name & Address:			

FOOT PROBLEM & REASON FOR REFERRAL:	
Pathway (please select): **(see description on previous page)**	**Description of foot problem/condition and duration:**
☐ Core Podiatry: Urgent - Foot Ulcer	
☐ Core Podiatry	
☐ Nail Surgery	
☐ MSK	
☐ Podiatric Surgery	

Does patient have:		
☐ Active foot ulcer	☐ Current foot infection	If Yes – Prescribed Antibiotics? ☐

Patients/referrers expectations of service and any other supporting information:

PATIENTS MEDICAL HISTORY:
Medical conditions, known allergies, previous surgery:
☐ No medical conditions/allergies/previous surgery
Current Medication: (or attach list)

REFERRER DETAILS			
Name:		Profession:	
Clinic/Address: (if different to GP Surgery)			
Telephone No:		Date:	

Please include photo of patient's foot problem (where possible) with referral and return completed form to: PodCommunityAdmin@nottshc.nhs.uk