Nottinghamshire Healthcare
NHS Foundation Trust

Podiatry Department

Guidelines for Referral to Community Podiatry and Podiatric Surgery: Access Criteria and Referrer Information

Version Number:	2.0
Version Date:	05/2023
Document applicable to:	Anyone referring to the Podiatry Service in Nottinghamshire County (including Nottingham City and Bassetlaw)

The Nottinghamshire Healthcare NHS Foundation Trust Podiatry Service is a specialist service which provides podiatric care for patients with significant foot complications across Nottinghamshire County (including Nottingham City and Bassetlaw).

The service is provided for people with the following:

- High/Moderate Foot Risk (significant risk of foot ulceration/amputation) and foot pathology/complications associated with long term conditions such as peripheral arterial disease, peripheral neuropathy, diabetes, inflammatory arthropathies, neurological disorders, CKD etc.
- Foot Ulcers (below the malleoli)
- Acute/chronic toenail conditions that require nail surgery
- Painful musculoskeletal foot problems
- Podiatric Surgery Procedures

Podiatry Administration Contact Details

Community Podiatry	**Podiatric Surgery**
Podiatry Single Point of Access Mansfield Community Hospital Stockwell Gate Mansfield Nottinghamshire NG18 5QJ **Tel:** 01623 404615 **Email:** PodCommunityAdmin@nottshc.nhs.uk Open: Mon – Fri from 8.30am – 4.00pm (excluding bank holidays)	Department of Podiatric Surgery Park House Health and Social Care Centre 61 Burton Road Carlton Nottingham NG4 3DQ **Tel:** 0115 955 5393 **Email:** PodsurgeryAdmin@nottshc.nhs.uk Open: Mon – Fri from 8 am to 4:30 pm (excluding bank holidays)

Patients registered with a Nottinghamshire GP can be referred to the podiatry service by any GP, nurse, or allied health care professional by completing a Podiatry Referral Form. Referrals for podiatric surgery are also accepted from GPs and health professionals in surrounding areas (such as Lincolnshire and Derbyshire).

All completed referral forms should be submitted to the Community Podiatry Single Point of Access (SPA) via SystmOne F12 or E-Mail to PodCommunityAdmin@nottshc.nhs.uk

Please note: Receipt of referral does not guarantee an assessment appointment will be given or access to the service.

Referral Information

- All referrals are triaged by a podiatrist or podiatric surgeon prior to being accepted and triage is based on the information provided in the referral form. Any incomplete referrals, or referrals that do not provide sufficient information for triage will be returned to the referrer asking for more information.

- Referrals which are deemed to be more appropriate for other services (such as secondary care diabetes foot MDT) will be forwarded as appropriate.

- Referrals which are accepted will be allocated an assessment appointment (which may be either via telephone, or face-to-face). Assessment does not guarantee ongoing care. An appropriate care plan will be devised, and may include advice, self-management, foot health education, a short/intense block of treatment and/or discharge. If a patient receives ongoing care, they will have an annual re-assessment, and may be discharged if appropriate.

- Waiting times for assessment appointments vary, and are allocated according to foot risk, foot problem, patient needs and requirements.

- Please ensure that the patient is aware of the referral and wishes to have assessment/intervention before submitting referral.

- Patients who do not attend their assessment appointment will be discharged from the service (except in mitigating circumstances).

- All patients are advised that if they fail to contact the service within 6-months of their previous appointment they will automatically discharged from the service.

Mobility: If a patient has any mobility problems or has special requirements to help attend clinic (such as unable to use the stairs unaided, wheelchair user) then please state this on the referral form, as it may impact on the appointment offered/clinic location (some clinics are located on first floor, and may have fire safety restrictions).

Community podiatry can provide domiciliary visits; however these are very limited, and only provided for patients who are:
- Bedbound
- Unable to leave their home environment due to a physical or psychological illness
- Hoisted and unable to transfer in a wheelchair taxi

Each patient will be individually assessed to determine their eligibility, and this will be re-assessed regularly. Patients who are able to leave their house will be required to attend a clinic for any treatment needed.

Interpreter/Chaperone: If a patient will require an interpreter or chaperone for their assessment appointment, then please give further details of what required (i.e. language) within the referral form.

Podiatry Access Criteria

There are currently 4 pathways for referral within the podiatry service:

Core Podiatry (including foot ulcers)
MSK
Nail Surgery
Podiatric surgery

Please refer to the appropriate pathway below for information on conditions that are eligible and not eligible for Podiatry Assessment. This is a guide and not exhaustive, so please contact the podiatry SPA on PodCommunityAdmin@nottshc.nhs.uk if you have any queries, need any more information, or wish to discuss any patient's eligibility.

A Summary of the Podiatry Access Criteria is included with the referral form

Core Podiatry (including foot ulcers)

Core podiatry is provided at multiple health centres across Nottinghamshire. Where possible, patients will be offered an appointment at their closest clinic but may be required to travel to other clinics for appropriate treatment or to expedite care.

Patients require both a podiatric and medical need to be eligible for core podiatry assessment/treatment.

Accepted/Eligible:

Medical need includes:

- Diabetes with moderate/high foot risk (according to NICE classification)
- 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

Podiatric Need includes:

- Active Foot Ulcer (below the ankle) which is not limb-threatening (no evidence of peripheral arterial disease, spreading or deep-seated infection)
- Active Foot Ulcer (below the ankle) in people with diabetes when patient has declined referral/is unable to attend secondary-care diabetic foot clinics
- 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)

Not Accepted/Eligible:

If patients have no/low podiatric need and no/low medical need, then they do not meet the required criteria for receiving NHS core podiatry treatment, and these referrals will be rejected.

A diagnosis of diabetes alone, or requests for nail care are not sufficient reasons for referral.

Foot Conditions Not Accepted/Eligible for Core Podiatry include:

- Nail care/Toenail cutting (including difficulty reaching feet to cut nails) without any indication that the patient is high-risk.
- Asymptomatic/non-pathological callus and corns (in patients with intact sensation)
- Corns, callus, and nail conditions in patients with low medical risk
- Asymptomatic foot conditions (in patients with low medical risk/intact sensation)
- Diabetes annual foot screening (low risk) – this should be completed by GP practice
- Fungal nail and skin conditions
- Verrucae
- No podiatric problems with feet
- Foot deformity with minimal risk of ulceration

- Acute or Chronic Limb-Threatening Ischemia. If there are serious/urgent concerns relating to circulation and ischemia, the patient should be referred directly to secondary care vascular team at acute hospital, either via GP or direct referral

- Patients with diabetes and suspected Charcot, or foot ulceration with any immediate limb threatening foot concern (such as CLTI, necrosis, spreading/deep-seated infection) – these should be referred directly to secondary care:

  - Diabetes Foot Clinics:
    NUH - NUHNT.diabetesfootreferrals@nhs.net
    SFH - sfh-trDiabetesFootClinicKMH@nhs.net
    DBTH (Bassetlaw) – GP Referral via Choose & Book
  - Vascular Team:
    NUH/SFH - Vascular Registrar on call: 07812 268567
    Clinical Nurse Practitioner on-call: 07812 275521
    DBTH (Bassetlaw) – Vascular Surgeon on-call:01302 366666 (via Doncaster RI switchboard)

MSK

Patients with MSK conditions eligible for NHS podiatry treatment may be offered an appointment at their local clinic but may be required to travel to other clinics for appropriate treatment or to expedite care.

If possible, it would be useful if you could consider organising suitable imaging (such as X-Ray, CT scan) if deemed appropriate either before or at time of referral. This will aid in diagnosis and treatment planning and accelerate care for the patient.

Accepted/Eligible:

MSK foot/ankle pain where primary interventions have been unsuccessful (i.e. RICE, stretching, footwear modification) and adversely impacting on activities of daily living (e.g. work, walking)

Conditions generally accepted (this list is not exhaustive):

- Hallux Abducto Valgus (HAV) ('bunions')
- Hallux Limitus/Rigidus
- Hammer/Mallet toe or any other digital deformities
- Tailors Bunion
- Metatarsalgia
- Sesamoid Pain
- Neuroma
- Osteoarthritis/degenerative joint disease of the foot and ankle
- Podiatric complications of Inflammatory Arthritis
- Tendon disorders of the foot & lower leg
- Tarsal tunnel syndrome
- Recalcitrant foot pain
- Traumatic injuries of the foot
- Metatarsalgia 'ball of the foot pain'

Not Accepted/Eligible:

- Conditions originating from above the ankle (i.e. knee pain, hip pain, chronic low back pain). These should be referred to the MSK physiotherapy pathway.
- Paediatric cases aged under 5 years. These should be referred in the first instance to the Paediatric MSK service.
- Patients requiring bespoke footwear or leg braces. These should be referred to the Orthotics service.
- Patients not willing to engage with treatment/advice e.g. complete exercise/stretches, accept insoles, or consider adapting type of footwear worn.

Pathway: Nail Surgery

Nail surgery involves the injection of local anaesthesia to the digit and either partial or complete avulsion of the nail plate with or without matrixectomy.

Nail surgery is performed within community podiatry clinic 'hubs'. Patients may be offered an assessment appointment either at a hub or their local clinic but then may be required to travel to a different clinic for the procedure/treatment. Please note, nail surgery will not be performed at the assessment appointment.

Accepted/Eligible:

Indications for nail surgery include:

- Onychocryptosis (ingrowing toenail penetrating soft tissue) with or without infection
- Involuted nails (curvature of the nail plate) where conservative management has not brought about necessary symptomatic relief
- Chronic nail conditions including onychauxis, onychogryphosis, onycholysis, psoriatic nails, and onychomycosis, where conservative management has not brought about necessary symptomatic relief

Not Accepted/Eligible:

Nail surgery in community podiatry is not suitable for:

- Children under the age of 5
- Children over age of 5 but weighing under 20kg
- Patients with:
  - Allergy to Local Anaesthesia
  - Needle phobias
  - Pregnancy
  - Unstable systemic diseases
  - Moderate/severe peripheral vascular disease
  - Unstable psychiatric disorders
  - Severe acute anxiety
  - Lack of postoperative support

Nail surgery may be completed as an urgent or elective procedure (according to infection and pain severity). Further information/input from patient's GP/consultant may be requested before deeming suitability for and/or carrying out the procedure.

Pathway: Podiatric Surgery

Podiatric Surgery specialises in the assessment and surgical management of complex foot disorders including forefoot, mid foot, and rear foot pathologies. It is performed under local anaesthesia at Park House Health and Social Care Centre, Carlton, Nottingham.

Assessment clinics are provided at Mansfield Community Hospital, Ashfield Health Village, Retford Primary Care Centre, and locations in Newark (however surgery is only performed at Park House).

Referrals received for podiatric surgery that don't identify whether the patient has had any community podiatry intervention may initially be offered a community podiatry assessment and treatment plan (where deemed appropriate).

Accepted/Eligible for assessment:

- Hallux Abducto Valgus (HAV) or 'bunions'
- Hallux Limitus/Rigidus
- Hammer/Mallet toe or any other digital deformities
- Tailors Bunion
- Metatarsalgia
- Traumatic injuries of the foot
- Chronic recalcitrant foot pain
- Painful skin lesions
- Nail disorders
- Sesamoid Pain
- Intermetatarsal Neuroma or traumatic neuroma
- Painful Haglund's deformity
- Osteochondrosis
- Osteoarthritis of foot Joints
- Soft tissue lumps and bumps
- Tendon disorders of the foot & lower leg

} Where community podiatry intervention deemed unsuccessful

- Subungual Exostosis
- Painful Accessory Ossicle
- Previous foot surgery with complications
- Diabetes related foot disease

Not Accepted/Eligible:

- Foot Surgery under local anaesthesia may be contraindicated in patients with:
  - Allergy to Local Anaesthesia
  - Needle phobias
  - Pregnancy
  - Unstable systemic diseases
  - Peripheral vascular disease
  - Unstable psychiatric disorders
  - Severe acute anxiety
  - Recent or unpredictable drug or alcohol abuse
  - Lack of postoperative support

The service cannot admit patients to hospital and has no access to general anaesthesia. If a patient requires surgery but are not eligible for podiatric surgery, then referral to secondary care would be appropriate.