

Diabetes Foot Care in West Hampshire

A REPORT ON THE FINDINGS OF PATIENT EVENTS HELD IN WEST HAMPSHIRE CLINICAL COMMISSIONING GROUP APRIL AND MAY 2014

BACKGROUND

West Hampshire Clinical Commissioning Group are working with Diabetes UK to give local people living with diabetes a chance to influence the diabetes foot care services that they receive. Between April and May 2014, 3 service user events were held to explore people's views and experiences of foot care services and how they would like to see those services improved. Some feedback was also received by email and telephone from those who were unable to attend the meetings.

This report presents the findings from the focus groups and interviews.

METHOD

The three events were jointly hosted by Diabetes UK and West Hampshire CCG. Diabetes UK's Improving Local Services Together Project Manager, Alex Devereux, led the facilitation of the whole group with support from Louise Tyson, ILST Support Officer at Diabetes UK. Feedback was captured through table discussions which were facilitated by representatives from West Hampshire CCG: Janet Hutchings, Service Improvement Manager; Kimm Lawson, Commissioning Manager Long-Term Conditions; Pat Bull, Service Improvement Manager, Beverley Meeson, Associate Director, Long Term Conditions, Dr Richard Cribb, Clinical Lead for Diabetes, Jane Gordon, Engagement Manager, Sarah Grintzevich, Media & Communications Officer, Graham Bowen, Head of Podiatry NHS Solent, Jan Hammerton, Administration Manager, Southern Health, and Kate Fayers, Diabetes Consultant Southern Health

Three key questions were addressed within the focus groups, which each lasted around 2 hours:

- What do you think of the foot care that you currently receive (positive things and things that could be improved)?
- What would an 'ideal' foot service look like?
- What information do you need to look after your own feet?

9 telephone interviews were also conducted by Louise Tyson at Diabetes UK, using the same questions and structure as used in the focus groups.

Feedback collected by email was ad hoc based on comments sent through by people in response to their invite to the focus group events.

PARTICIPANTS

Three focus groups were held across West Hampshire in Eastleigh, Brockenhurst and Winchester, with 83 participants attending in total. In terms of timing they were spread out, with one on a weekend and one held in the evening to give different people the opportunity to attend a session. Over 1,500 individuals were contacted from Diabetes UK's database via letter, email and phone to invite them to

attend their local focus group. West Hampshire CCG also promoted the events through local services, advertising in the local newspaper, twitter and contacting patients who have previously attended events. Participant attendance was as follows:

- Eastleigh event, The Point, Saturday 26th April 2014, morning - 27 people signed up, 32 people attended
- Brockenhurst event, Brockenhurst Village Hall, Wednesday 21st May 2014, morning - 24 people signed up, 29 people attended
- Winchester event, Falcon House, Wednesday 21st May 2014, evening - 17 people signed up, 22 people attended

Specific demographic details for patients were not recorded at the events; however, generally speaking, the majority of attendees were White-British and of the retirement age.

KEY THEMES

The below summarises the key themes arising from the focus group discussions and telephone interviews. Full details of all of the feedback received can be found as an appendix to this report:

Annual Foot Checks

Generally most people have their feet checked annually and felt that this was a positive thing. However in some cases people reported that they don't receive foot checks at all. The majority of people have their feet checked by either the practice nurse or diabetes specialist nurse, however satisfaction with this approach is quite mixed. Although some people are happy with the thoroughness of the checks and the service they receive at their GP Practice, many thought that their foot checks were too basic, were often rushed and felt like a 'tick-box exercise'. There were also some people who felt that the annual checks should be undertaken by a specialist, and that some practice nurses didn't have the necessary knowledge of footcare. People also felt that they should be given more information – firstly in terms of what a foot check should include and why it is important, but also from the nurse about the results of the check.

The frequency of checks was also raised. Although on the most part people were happy that annually is often enough, it was also recognised that a lot can change within a year – therefore more regular checks should be available for people if they would like it.

Podiatry Services

On the most part, those that had accessed podiatry services were happy with the service that they had received, including the level of care and the advice given. In particular Andover and Lyndhurst were cited as providing an excellent service. People also commented that the referral process from their GP to the podiatry service was very quick in some places. The aftercare from podiatry services was raised as a strong point with a number of people stating that the follow-up care and the advice given when they were being discharged from podiatry was very good. However, a number of people who used to be treated by podiatry were unsure as to why they no longer received that service, suggesting that more information should be given to patients when their treatment from podiatry services is finished.

A number of people suggested that foot massages should be included within the service to help improve circulation in the feet. There was some confusion as to whether a nail cutting service was included (as some had received this, but others had been told it wasn't available). Several people reported that they paid for this service as it was key for their foot health but something that they couldn't do themselves. It was widely agreed that people would like to see the service provided by the NHS for free.

Access to Services

A number of issues were raised regarding the accessibility of different services – most particularly concerning access to podiatry services and foot checks:

- Although referral from the GP to podiatry was felt to be quick, there were a few examples where patients have found it difficult to get an appointment with the podiatry service – this has sometimes meant they have not been seen again within the 12 week period suggested by the podiatrist because the service doesn't have an available appointment;
- There was some confusion as to the criteria for being referred to the podiatry service. On the most part people felt that they should be able to refer themselves to see a podiatrist and not be reliant on being referred by their GP. When asked whether they knew their own risk score for their feet, the vast majority of people did not and commented that this was not something they had discussed with their GP practice. Not being able to access podiatry services is possibly why several people were paying to access some footcare services privately (e.g. chiropody appointments in-between annual checks, nail cutting)
- More flexibility in the times that footcare appointments can be made would enable more people to attend appointments without, for example, taking time away from work. This is often because some of the foot clinics are only open on certain days – but evening and weekend appointments should be available to allow people to choose a time convenient for them.

Several different ideas to help deal with issues raised about availability and access to services were brought up by service users. These included having drop-in clinics for people to attend as and when they have a concern about their feet. Another proposal was to bring all diabetes checks (e.g. foot checks, retinal screening, blood test etc.) together in a 'one-stop shop' kind of approach, to minimise the travelling and inconvenience for patients

A suggestion which came up separately at each of the three events was for a mobile screening service for feet, similar to that which is available for retinal screening. It was proposed that this could be a van which visits every GP Practice a few times a year, as well as other venues within communities. This would allow people to attend at a location convenient to them, and as and when complications or concerns arise. The van should offer a drop-in service, but also take appointments for those that would like to book. It was suggested that although it would be preferable that podiatrists were present on the mobile unit, foot checks could be undertaken by non-specialists as long as they had immediate access to a specialist for when needed.

Helpfulness and Knowledge of Health Care Professionals

Many people praised the health professionals which they visited, and in many cases named individuals who were particularly helpful – both within their GP practice and podiatry services. However people also commented that they felt that the diabetes knowledge of non-specialist staff needs to be increased. Training for staff, in particular practice nurses in diabetes and foot care was seen as an area that could be improved so that they were better able to give advice to patients – people commented that there were often inconsistencies in the advice and care given from different health professionals, in different areas. It was also felt that as patients don't always see the same nurse every time they visit the practice, there is a lack of continuity and it is difficult to build a relationship with them.

Information and Education Relating to Diabetes and Footcare

Although during the engagement events a separate discussion was held regarding information about footcare, a perceived lack of information for service users was raised throughout each of the events. People felt that there was a need for more general information about diabetes which should be given to people when they are diagnosed. Although many people felt that they had a good understanding of diabetes, this was largely due to the information they had picked up themselves rather than

support/information given by professionals. A patient information pack was proposed, containing a variety of leaflets to cover the different issues affecting people with diabetes – including what different complications could arise, prevention advice, what kind of things people should look out for, information on what services are available and how to access/contact them. In particular to footcare, service users wanted more information on how to check their own feet and what signs to look for to spot emerging issues. There was some disagreement over how ‘hard-hitting’ the information should be, with some people suggesting using photos of what could happen to people’s feet and others believing this may scare people unnecessarily and be unhelpful. What was agreed was the need to ensure the information is available in different formats (online as well as in leaflet form) and in a range of different locations. People also stated that they would like more information on treatments such as creams that could be bought to help them look after their own feet.

It was clear that people also value the chance to talk to a professional directly about any concerns and to ask questions about their feet, especially face to face. To enable this people felt that more time should be given at appointments for patients to ask questions and get advice about looking after their feet. Other alternatives such as being able to Skype a professional or a phonenumber to call when a particular issue or concern arises were also suggested.

Only a few of the service users that we spoke to had attended a structured education course or knew that they were available. Those that had didn’t feel that the course covered the risks associated with feet or how to look after them. People felt that more education programmes should be made available that cover feet in more detail, and that these should be available to family and friends who may help the person with diabetes. Follow-up/ refresher sessions should also be available.

ACTIONS TO BE TAKEN

As a result of the feedback received from diabetes service users through the engagement events, telephone interviews and emails, West Hampshire Clinical Commissioning Group are committed to taking action to improve diabetes services.

The CCG are undertaking a ‘mapping exercise’ to identify what Podiatry services are currently available and offered for people with diabetes. This is being done with a view to having a full service redesign to ensure the services meet the needs of people with diabetes, and potentially change the way it is provided and who provides the podiatry service. As part of this work we will explore how to make services more accessible to patients. This will include considering different appointment times, and we will look into how feasible a mobile service would be. A business case is currently being written to help develop a full Multi-Disciplinary Team (MDT) for diabetic footcare in West Hampshire. This will help to ensure that we can treat foot complications quickly and effectively.

As well as this, we plan to undertake the following actions:

- We will work with other health services on the West and North Hampshire foot care network to continue training sessions for practice staff, specifically on diabetic foot care to help improve their knowledge and how to undertake thorough foot checks. This is being treated as a priority with a training session being arranged for Autumn 2014 and another session early in 2015.
- Two videos have been filmed by WHCCG to help inform patients of how they should be looking after their feet on a daily basis and what are the early signs and symptom of diabetic foot problems. There is also a video on footwear, including how to get shoes that fit correctly and the best types of footwear to buy. These videos will be available on our website, our providers’ websites and we are working towards them being played in GP surgery waiting rooms. We will also be working with pharmacies to encourage them to promote the videos through a foot awareness initiative.

- WHCCG have developed a new diabetic foot care pathway which has been distributed to all practices so they are clear of the referral routes for diabetic patients with foot problems. All patients should now be issued with a leaflet, containing information relevant to their foot risk level.

APPENDIX

Full notes from the Eastleigh event, Saturday 26th April 2014

32 Attendees

Positives about care locally

- Self-care of feet informed nurse
- Annual health check
- Community diabetes service – consistent care
- Positive for Andover practice (Ade)
- Annual check-up with podiatrist
- Annual check-up with Nurse or GP
- Once a year
- Feeling – nerve testing
- Foot pulse
- 1 person has problem with toes/feet.
- Very good help from podiatrist
- No help with Neuropathy
- Checks – good when happens
- Excellent – new practice nurse
- When in system is good – podiatrist – good when happens
- Education Course (need to revisit regularly)
- Diabetic nurses very accessible
- Access to specialist services / engineering worked well (generally)
- Everyone has access to a diabetic nurse
- Some diabetic nurses able to manage everything including foot care – but not all
- Podiatry services nearby

Things to be improved locally

- Regular foot checks like eye vans at least once a year
- Easy access to specialist care if necessary
- Difficult to get through to Winchester – booking process, can't cope with the numbers
- Practices short staffed
- Newly diagnosed – not offered education and don't know how to find out information
- Lack of diabetes support groups
- Podiatrist foot check – not thorough enough / not enough information Frequency at least twice a year for all
- Give foot creams on prescriptions e.g. epidermis, CSS cream, Foot balm cream
- Foot care advice
- More information
- Direct information
- Give medication for neuropathy? If any exist
- Lack of information – leaflets/advice/where to go (signposting)
- No annual foot check
- No risk score given
- Lack of consistency of care in primary and secondary
- Lack of access to structured education
- No follow up

- Surgeries not necessarily interested
- Podiatrist service – after treatment
- For ingrowing toenail – discharged but it carries on. Expecting carer to look after.
- Education – how to look after
- Feet i.e. toenails/infections etc.
- Poor referral from Dr – Podiatrist
- Complicated appointment system
- Infection following treatment
- Have to spend on privately in between times
- Diabetic Nurse – updated education i.e. not doing sensory tests
- Community podiatrist i.e. visit at home
- Home carers – trained in toenail cutting
- Need for training – nurse and GP's
- Diet advice – effectiveness
- Variability / inconsistent across the patch
- Would like to have one central person co-ordinating it all
- Can be lots of to-ing & fro-ing

Ideal world

- Seen by a specialist
- Consistency of care
- Monthly
- Creams provided by NHS
- In local area surgery
- All diabetics treated the same – quality of care
- Medication for neuropathy
- Preventative advice (personal, demonstrations, balance magazine on line)
- Regular access to checks for everyone (annual vs. bi monthly?)
- Educated to self-check / care / manage
- Quick access to report problems
- Quick access to fix problems
- Access to specialists with up to () ()
- Consistent high standards
- Helpline
- Podiatry van – appointment system
- Communication of changes
- Cures, treatments!
- Need full explanation at the start – more information at start.
- More information on consequences
- More treatment – by trained person
- Need earlier check-up after diagnosis
- Travelling services – Like eye service
- More frequent appointments
- Podiatry drop-in centres Foot care van – like the eye service (at the same time)
- Something consistent to catch everyone
- Age concern – toe nail cutting service
- Communication to ensure people know about it especially housebound etc.
- Testing to catch people
- Initial assessment access to podiatry services and information
- Risk scaring

- Approachable healthcare professionals
- Visit to chiropody to care for year feet
- Specialist Diabetic Nurse increase training
- Variation on Diabetic training - ? what does patient need – right for you
- Positive regular updates i.e. every year
- Every locality either podiatrist / van visits
- Positive practice nurse involved with podiatrist
- Carer trained
- Community Podiatrist to do home visits
- “Walk-in” for Emergency foot problems
- Shoe advice. Provision of Orthotics
- Expand consultancy services in Lyndhurst or bring specialists into practices to do clinics
- Spread the knowledge there by increasing all staff knowledge
- Foot massages to assist circulation

Information for looking after feet

- Leaflets through the post? Or in surgeries
- Not just online
- Not () through available – leaflets
- Updates should be given
- Ensure everyone gets initial education course
- Everyone learns differently – methods of education need to be varied
- Need to be able to revisit training / information
- Information needs to be educated
- Ability to email in queries to surgeries (ask if appointment is needed or not)
- Multiple platforms needed
- Group learning needed – learn from others
- Information needs to be reiterated over number of years (people forget – lots to learn)
- Leaflets are national so don't have local referral information.
- Access to a dietician – on diagnosis, () on check-up / when needed
- Readily available – at GP surgeries / other areas
- Consistency
- Understanding what impact diabetes has on feet and what I can do
- () how / what all organisations do e.g. NHS, DUK / Wellness ()
- Not bombarded with information – need to be able to take it in
- Pharmacy send you back to GP, too many () rather than deal with you
- 1:1 counselling with a professional
- Local support groups / for people with diabetes and families)
- Need more information about my position e.g. how I'm managing / foot risk levels etc.
- Need to be prompted to go to services rather than left to you
- Support groups – social aspect with professional speakers
- More help for family / carers / friends etc. on how to help
- Follow-up after diagnosis
- Advice from a specialist – quickly
- Time at appointments to ask questions
- Face to face advice is better
- Skype?
- E.g. speakers at Diabetes Support Groups
- Demonstrations
- How to prevent problems

- Leaflets available not just when diagnosed
- Refresher course
- Articles in 'Balance' Different channels – not everyone has access to a PC.
- Leaflets in surgeries and pharmacies (other places?)
- Access to results of clinical trials etc. – volunteers?
- Medical terms into plain English!!
- Recommended books about clients etc. (Carbs & Calls)
- How to read ingredient labels – poor labelling.
- Text, emails, phones etc.
- Virtual networking. Intranet – DVD's
- YouTube – How to check feet
- Translating – leaflets – larger font, Braille
- Age appropriate
- Leaflets – pictures – easy to understand
- App – phone
- Packs of information to give to community orgs. Groups, etc.
- Information sessions for patients/professionals
- Central number for leaflets – related to conditions
- Speed dating – with specialists

Full notes from the Brockenhurst event, Wednesday 21st May 2014

29 Attendees

Positives about care locally

- Quick referral times
- Regular check-ups for some people
- Good advice but only for some
- Caring service
- Good service at GP
- Carried out at local GP surgery, see the same person at the surgery
- Available in the home if needed
- Good private services at a cost
- Annual check ups
- Follow ups good e.g. reminders
- Card alert contact system
- Good system of checks
- Podiatry and Endocrine at Bournemouth, staff always listen and have saved foot and leg, always try new things as they come out.
- Excellent service from Lyndhurst, low risk feet but would know what to do if this changed
- Good self-management does own blood testing looks after own feet gained information from the internet
- GP does annual foot check
- No problem making podiatry appointment for foot check
- Footcare emergency number
- Practice nurse
- Staff at the Fenwick wonderful, helpful accommodating etc. clear explanations
- Lymington community diabetic unit very helpful generally
- Blackfield health centre annual check-up nurse is good at checking feet.
- Everyone has annual check up
- General good diabetes care

Things to be improved locally

- More explanation needed
- Need to know about potential risks
- Could diabetic foot checks be regular in the same way as eye tests?
- More education, are there any exercises that could help? More self-care advice.
- Annual reviews should be carried out by an expert
- Training courses for practice nurses
- Getting to the difficult to reach, elderly, immobile, care homes – mental health and dementia
- Home care not easy to access
- Wider application of card alert system
- Checks are not care, feel it is a tick box exercise with no advice given
- NHS footcare is not always available locally
- Lack of mobile screening service
- Targeting younger people for prevention, going into schools and making people aware, pre-screening
- Footcare awareness
- Preventative measures
- Emergency nurse appointments

- Why can patients not refer themselves to podiatry directly?
- Had inappropriate referral to the service, had details of walk in service and when tried to use it the service either did not exist or work, got treated at the GP, it took a week and was very frustrating
- Waiting times and multiple appointments
- GP always said he must refer to podiatry (Southern Health)
- No information, help or support
- Unsupportive of creating groups
- If I had a problem, don't know where/what to do – is there an emergency contact?
- Limited advice
- Not getting answers, not being listened to and not getting help
- Quarterly meetings and updates, advice sessions could be at the GP surgeries in the evening
- Used to have annual podiatry appointment, feel this should still happen
- Poor communication
- Podiatry checks used to be very rushed
- Conflicting information, need to look after own feet v. you don't need to see a podiatrist
- Not seeing a specialist
- Not everyone getting an annual foot check
- Having to ask to get the 15 essentials
- No written information about looking after feet

Ideal world

- Mobile screening
- All GP surgeries and clinics to have specialist footcare team to do more than checks and treat – it will stop hospital attendances and more costs. Effective in GP surgeries
- By keeping it local – safer less risk from infections
- Will help pick up hard to reach groups
- GP surgeries have the information local knowledge
- Expectation of wait times
- Close to home service in GP surgery
- Mobile service for housebound
- Multi-skilled surgery staff
- One appointment for all checks
- Evenings and weekends at GP
- Internet information should be kept up to date
- Seen quickly
- Test strips and monitor supplied
- Podiatry able to deliver antibiotics
- Appoints sent at the time of the reminder letter
- Information available at pharmacies
- Updated appointment system – self booking on the intranet.
- Text messages for appointments and reminders
- Experts in each speciality, Nutrition, feet and medication
- Walk in centre for easily accessible help and advice
- Regular foot checks with an expert (like eye tests)
- Regular podiatry checks
- Podiatrist based at GP practices
- Full understanding of available services
- Diabetes MOT – appointment which checks everything – feet, eyes, etc.
- Mobile podiatry
- Open access to podiatry

- Education courses, written information, how to spot problems
- Same day appointment for foot concerns
- Podiatrist to do foot risk surveillance and risk modification
- Immediacy of access for diabetic foot attack
- To come away from an appointment with an actions plan
- Walk podiatry centres in every village town (local)
- Helpline – central number for advice and signposting system, specialist knowledge and listening
- Educational sessions, evenings/weekends available and online
- Viewed as something not just for the elderly
- Education sessions, the seriousness of foot complications
- Twice per year general check up
- Updates and group sessions in between using technology, emails, videos etc. what works for people
- To have the ability to test in between the annual to have the option if you want too.
- To see a podiatrist regularly/as you need
- To have information on where to go for emergency services
- To be informed! To be communicated to clearly and regularly

Information for looking after feet

- Constant vigilance
- Advice about footwear
- Written information on self-care, prevention, getting help
- Information on points of contact
- Information for type 1s
- One leaflet with all information on e.g. an indexed book
- Education course on diagnosis
- One book with leaflets
- Patient UK
- Patient pack with cream, dressing and iodine (cover protect keep clean until can see podiatrist) footcare info
- Email/telephone helpline
- Ongoing education refreshers
- Assistance with self-management by practice/diabetes nurse
- Information and education
- Not aware of type 2 diabetes education
- 100% not received via GP only via own initiative
- Education on prevention/self-help – type 2 education course
- Southern health leaflet good but not visible/ not in folks hands
- Reactive not proactive care
- GP video – 25th June (patients/ GPs), should be running on surgeries
- Use both online and leaflets
- Leaflets at GP, screening appointments put them in the prescription bag
- List of useful local contacts for help and support
- Details of how you look after your feet
- Risks of not caring for feet
- Emphasis on how to maintain good blood sugar control
- Annual updates on information diet etc.
- Food advice including herbal medicines
- Drop in/face to face backed up by written information
- To be told about DUK at diagnosis

- In a format that's appropriate e.g. audio if sight problems
- Monthly groups different specialist talks what's new, education
- More regular contact with HCP's, particularly after diagnosis, to be able to ask questions that we forgot before etc.
- Previously been scared to death by information, need to know but if face to face its better
- Information for general public/people before diagnosis
- GPs nurses with DUK leaflets

Full notes from the Winchester event, Wednesday 21st May 2014

22 Attendees

Positives about care locally

- Andover excellent podiatrist
- Can get standby appointments
- Winchester can walk in on a Wednesday and a Friday
- Annual check by Diabetes nurse
- Fast referral to hospital and dermatology by GP
- Seems to be an increase in podiatrists available
- I don't have footcare problems
- Get annual checks
- Quick referral to podiatry
- GP is nicer now in giving advice (dietary)
- Saw a podiatrist because asked to but paid for it.
- Given clippers and file from podiatrist
- Found podiatry service to be good and regular appointments
- Good advice from podiatrist (but a long time ago, after diagnosis)
- Practice nurse is very good and checks with GP when doesn't know
- Knowing GP is a diabetes specialist is reassuring
- After service from podiatry – given info on what to do if another problem arrives
- GP was expert (GP retired and lost knowledge)
- Regular check ups
- As part of an annual check
- Quick check as part of annual review
- Was excellent in working as had education on feet
- Great when clinic as podiatrist was available if you wanted to book an appointment
- Diabetic nurse at surgery is very experienced (Chandlers Ford)
- Annual check is thorough
- RCH Hospital has a specialist diabetes education centre named after a recent consultant specialist
- Regular checks by diabetic nurse although not sure what these should be
- Happy with experience at chiropody (regular)
- RHCH has a specialist diabetes education centre named after renal consultant specialist
- Mobile van with provision for 2 patients round villages in Devon (East) giving regular checks – Honiton and Sidmouth area, free service – not sure how to get this but permanently referred by Doctor (bit like a drop in)
- Education carb counting – WH community diabetes service

Things to be improved locally

- Confusing to know whether qualify to see a podiatrist
- Annual check is very basic
- Checks done by practice nurse – don't feel they have the knowledge
- Would like more info on what should be getting e.g. what checks should look like
- Not had structured education
- Those that have had education did not feel it covered feet enough
- See different nurse every time no continuity
- No drop in clinics
- Lack of communication between podiatry and orthotics

- Readymade shoes don't fit, shoe insoles provided not appropriate for feet
- Low risk feet not an automatic referral to podiatry
- Concern that not all nurses are qualified in diabetic footcare
- Concern that patients asking if feet OK? and patients not knowing
- Information about what to look for in healthy feet
- Encouraged to attend appropriate exercise classes (i.e. not wait until cardiac problems)
- Concerns expressed by people I asked
- Better checks at annual appointment
- Diabetic nurse or specialist team educating patients better
- Better links between GP surgery and podiatry confusion between who is responsible
- Foot check is more thorough at the annual check
- No patient access to information
- Lack of information and where to go
- Foot care not being offered no explanation for cessation, now has to pay for podiatry services, how to get back in?
- Free or paying?
- Appointment system – would be useful to book next appointment at appointment

Ideal world

- Foot massage
- Drop in clinics
- Improved GP services by nurses
- Better foot products, dressings, orthotics, medication
- GPs selling products for footcare
- Catalogue for ordering products
- Better information about what patients should be concerned about
- Pharmacists to do demonstrations on footcare in GPs
- GPs to do more preventative work
- Exercise to be used as prevention
- Good information on how to access services
- Better medications
- Local diabetes centre – one stop shop
- Immediate access for foot problems
- Hot line with access to a specialist – eyes, feet
- Education
- Diabetic induction pack
- Website
- Open access to podiatry
- Education about footwear and socks
- Information about stockists
- Footcare app
- Written information
- Drop-in centres
- Diabetes specialist staff
- Mobile van regular and to GP surgeries and a published schedule, for annual checks and as you feel is needed and can either drop in or book an appointment
- Quick referral to wherever is needed and direct referral
- Better information and education around self-care of feet and potential implications of exercise too
- Specialist nurses as long as podiatrist is available quickly
- Helpline for instant information/advice about potential issues

- Support groups, other people with diabetes
- Bus at surgeries at least 3 times a year, but could access in other places in-between
- Option to see a podiatrist if you wish
- Different routes – e.g. sending photos of complications
- T1 6 monthly
- To have consistent information from health care professionals
- To have the option to access test strips if wanted
- Every four months seeing a podiatrist
- Clear communications/explanation
- Information and knowledge on early warning signs
- What is a good check-up?
- GP surgery is convenient
- Flexible with appointments (retired) so timing not really an issue
- Podiatry should be free

Information for looking after feet

- Patient packs – leaflets, what to look for, what complications could be, footwear advice
- Helpline
- Peer support network
- Demonstration of how to check feet
- Education – for family and friends etc. who may help you
- Face to face advice – with specialist
- Not seen some of the information out there
- Available in all media – need options
- Information on where to go if need help – what services are available
- Information should have photos of what can go wrong and starting points – but may be too shocking for newly diagnosed
- Peer support where HCPs could go along and demonstrate
- Education courses available ones
- Verbal communication that is constant between services (same messages)
- Alternatives to online information
- Leaflets at one item per leaflet for simplicity
- Clear clinical leadership, who is in charge?
- Accurate internet information and advice on where to look
- Positive care plans, clinicians to give positive alternatives to negatives
- TV programmes such as master chef to do diabetes themed meals
- TV information adverts eating etc.
- Information about clinical effectiveness from GPs
- More information for type 1s
- Supermarket shopping lists – diabetic friendly shopping list
- Induction pack” what you should expect” at initial diagnosis
- Currently gets shoes every 18 months from NHS
- Need to be consistent and communicate
- Been moved around
- No information on how to look after feet
- DUK magazine useful
- Drs/Nurses not enough time to give you information , their knowledge is not expert
- Clearer information – face to face with diabetic nurse
- Do the patients know who the diabetic specialist GP is?
- Diabetes support groups very useful an expert specialist at each session

- Drop in centrally for people to visit if needed
- Combining the peer support with expert
- Risks of complications
- Risk reduction
- Information in different media – paper, apps, www
- Basic self-care information
- Organise information logically
- Information about who does what. GP/Podiatry/Hospital
- Diabetes on the tube

Feedback received by Email

“The service that I have had has been good (seen twice). The only thing that I have to moan about is the length of time it took to actually be seen by them. This was due to a failure in communication in my referral to the foot care team, which was annoying to say the least! Over approximately 6-9 months, I begged to be seen as I knew that I had problems with my feet and I was also unable to cut my toenails myself. My husband is partially sighted and I would not let him near my toes – I wanted to keep them in one piece!

Eventually, I was seen, they checked for my pulses, which were found after a lot of listening and repositioning – this was a great relief to me because the Practice Nurse couldn't find them at all, and needless to say I was a bit worried. Anyway, once done, and a check of my feet, toenails cut, advice was given on how to care for them until the next appointment – 12-16 weeks later. Is this too long to wait between appointments? I was told that if I wanted to be seen in between that time I could make a private appointment and pay £10 to have my toenails cut. If I had to pay for a private appointment, I would want them to bathe my feet and put some cream on them as my feet are very dry (like dried up prunes) and the skin is very painful to touch, once they had cut my toenails, but somehow I don't think they would do that.

I realise that the NHS is too busy to deal with the basic needs of people. But it would be really nice if NHS foot care could include bathing and application of cream to help prevent dry skin...”

“Once a year I attend the Podiatry Clinic at Andover War Memorial Hospital having been referred there by My GP practice diabetic clinic years ago. If I need attention at any time between annual visits I simply ring and get an appointment usually within 4 days. The care and attention I receive is first class. I have nothing but praise for the way The Podiatry Clinic is run. I am always seen on time and all the practitioners including students are excellent. They are closely supervised and I have great confidence in them. It should be no surprise really as the culture of any organisation always comes from the top. Full marks by any measure.”

“Thankfully I have not as yet required the services of the diabetic foot care team in Hampshire! In general I would add that the standard of Diabetic Care and support in my area of Hampshire and Dorset is extremely high. Apart from that one has to rely on your common sense and hope for the best that you're ok.”

“My Diabetes management and care is via Dr Evans and his team at Tyford Surgery. The care that I receive is fabulous. Annual, general health checks, Eye clinic checks, help with diet advice, blood tests and of course the feet inspection. All in all I feel very well cared for. If I could think of even one improvement that could be implemented I would use this opportunity to raise it. The fact is I can't think how I could be looked after any better.”

“Every year at the Barton Webb Pebloe surgery in Barton on Sea I have a full review including examination of my feet. The care I receive is excellent, long may it continue.”

“My biggest problem is that there seems to be new belief in the medical profession that we are there to offer employment for them, not that they are there to provide a service to the community. In terms of foot care, this manifests itself by the:

- *Appointment booking system*
 - *I cannot book an appointment, it is sent to me at a time and date of their choosing*
 - *When this is returned as unsuitable, no follow up is made*
- *Level of contact*
 - *I am unable to book appointments as the administration is on a part-time basis therefore either not there or busy.*
- *Service provided.*
 - *Living in Southampton, working out of an office in Reading with a client base from Cardiff to London, a 10 minute appointment to have my pulse taken, toe nails clipped, and sensitivity test takes the best part of a morning out of my day – time I have to make up.*

Appropriate activities, better access to admin support and appointments that suite me (including weekends and evenings) would improve this. In addition, I am confused over differing levels of support.

- *Bi annual support from the Clinic (Consultant and Nurse alternating)*
- *Blood tests, podiatry etc. required before hand to support this (extending one lost morning to 3 or 4)*
- *Additional support from a diabetic nurse in the doctor’s surgery – often overlapping tests including podiatry examinations.*

All take a lot of my (and my employers) time and effort for a “no change” diagnosis. I would like to see a change in culture where we go back to the recognition that health workers are there for the public, we are not there for them.”

“As far as my own experience of foot care: - when living in Portsmouth, I spoke to my GP last June about painful feet, it took over six months to get an appointment (for mid- December) and by this time I was living in New Milton. One of my GPs in New Milton (I moved there in November) told me to attend the Portsmouth appointment as he could not change the venue. I thus drove to Portsmouth only to be informed that I should attend a venue in New Milton? The Podiatrist in Portsmouth arranged for a January appointment back in New Milton. You will see therefore that to actually get an appointment took from June to January (seven months).

I was initially given a special shoe insert to assist with pain by the New Milton Podiatrist, which assisted to only a minor extent. On my second visit in February I was finally diagnosed with Neuropathic Foot Pain and referred back to a New Milton GP. I am currently on Pregabalin to assist with my foot pain. Overall a terribly slow and frustrating process which left me with constant foot pain for a long period.

I should add that the New Milton Podiatrist did tell me that she would also refer me to a Biomechanical foot specialist, this was a couple of months ago, but have heard nought.”

“I have my annual check-up at my GP surgery and in between that I pay privately to see a podiatrist every 6-8 weeks. I asked my GP once about getting foot care and he said that NHS foot care is only available to Type 1s (I’m type 2) and people with serious foot problems.”

“I am attending the Bournemouth Hospital Foot Clinic and they provide excellent patient care for which they should be commended.”

Patient Telephone Interview

14th May 2014

Female – Type 2 for 20 years, Lymington

Chawton House surgery

Positives about foot care locally

- Seen once/year at GP practice – done by diabetic nurse, is thorough
- Seen regularly at foot clinic in New Milton
- I am happy about my GP service

Things to be improved locally

- There can be some contradiction between the two services (GP v. foot clinic) in terms of the information given
- At the foot clinic there is no communication between the HCPs and the reception staff – the HCPs tell me I need an appointment every 12 weeks but the reception staff will only make it for 16 weeks because it's only a nail cutting appointment
- This then can end up being 18-20 weeks due to the service being fully booked
- Not enough staff at foot clinic
- I now have to pay £10 for my nail cutting appointment – this was not explained well/clearly to me at the time
- Also I don't have any other option as I'm unable to cut my nails myself and they're difficult for someone else (family) to cut for me)
- Appointments are rushed – feel like you're just a number that they have to tick off
- My GP asks my daughter to help me which is good but perhaps means there is too much put on her and that I don't get the help that others might

In an ideal world how would you like to access foot care services?

- Happy to be flexible – where I go at the moment is fine as I can drive but wouldn't be able to do this on public transport
- I can generally make any appointment time

Support to self-manage

- I haven't received any recently – not since I was diagnosed so no updated information
- In person at the foot clinic I am in and out in 5 minutes so don't receive anything then. This feels like a missed opportunity – perhaps HCPs in diabetic settings should be able to provide more information/answer questions about general diabetes care.
- It would be good to get some diet information
- I am lucky as my daughter is a nurse and gives me information

Patient Telephone Interview

14th May 2014

Female – 50 years old, Type 1 for 35 years, West End near Eastleigh

Town Hill Surgery

Positives about foot care locally

- Have annual check-up at GP practice – it's thorough and I'm happy with the service
- Recently attended a foot clinic at the health centre due to pain in my toe and the nurse sent me there the same day – this was a good service and things were explained clearly to me
- Feel listened to at my GP practice
- I am confident that if there was anything wrong I would be seen pretty quickly

Things to be improved locally

- There was a 2 hour wait at the foot clinic, it only happens twice a month on a Wednesday

In an ideal world how would you like to access foot care services?

- Via a specialist (podiatrist) at the GP practice, which is only a couple of minutes away
- Fairly good with getting appointments at GP – people with diabetes seem to get priority
- The option to go to the foot clinic is good, though it's not every week

Support to self-manage

- I go to a diabetic support group once a month and pick up leaflets there
- I also pick up leaflets from waiting rooms in hospitals
- Also get information from Diabetes UK website
- No information from GP practice
- Received a booklet from Diabetes UK when first diagnosed
- It's useful to get written information – don't need anything else as I have all leaflets in a filing cabinet!
- Very good at self-management – I look after my feet well and the nurse is happy with this

Patient Telephone Interview

13th May 2014

Male – Type 2 for 14 years, Basingstoke

Bramblys Grange Medical Centre

Positives about foot care locally

- Very happy with GP and diabetic team
- Annual check-up, feet are checked
- Always asked at check-up if I would like to see the chiropodist for nail cutting (I do this myself)
- The nurse is very good, they know their job and it feels thorough

Things to be improved locally

- Nothing!

In an ideal world how would you like to access foot care services?

- They are clearly very pushed for time at the GP practice
- If there was a diabetic clinic you could go to speak to someone about diabetes questions/issues, this might relieve pressure on the GP practice
- Access is fine for me as I drive
- Would be good to get more immediate appointments
- Pretty confident in GP/nurse that they would provide what I need

Support to self-manage

- Have not been given any information – don't know why foot care is relevant/important
- Don't know where to get this information
- Look after my own feet – nail cutting, washing and moisturising, as that's what my mum taught me to do. The GP gave me the cream for my dry skin

Patient Telephone Interview

15th May 2014

Male – Type 2 for 11 years, Hamble near Southampton

Black Thorne Surgery

Positives about foot care locally

- Have annual check-up at GP practice now – basic checks are done and am told to carry on doing what I'm doing

Things to be improved locally

- Foot check has only been included in my annual check-up for the last 2-3 years
- Have had my feet checked very rarely in the 11 years I've had diabetes
- I see a professor at Southampton hospital who looked at my feet last time I saw him but only because I asked – there's an assumption that everything's OK unless you bring it up yourself
- Conflict of information between nurses/GP and hospital
- Nurses perhaps need a bit more guidance and training which they can pass on to support people living with diabetes

In an ideal world how would you like to access foot care services?

- At the GP practice
- Am flexible with appointments so don't mind too much

Support to self-manage

- I look after my own feet
- I was given brutal but polite information from my professor when first diagnosed on what the complications are with diabetes and what would happen if I didn't make changes
- This scared me (about amputations etc.) into ensuring that I look after my feet – I have done my own research on the internet on how to do this
- I would like to be offered more information on what creams are good (particularly as I have eczema)
- More information needs to be readily available
- Booklets are good but should be seen as a supporting document to give someone in addition to 1:1 support (at annual check-up)
- I've been left to get on with managing my condition which is what you need to do with a long term condition but I feel like I've had some support with this which not everyone gets.

Patient Telephone Interview

15th May 2014

Female – Type 2 for 10 years, Chandler's Ford

Parkside Practice, Eastleigh

Positives about foot care locally

- When I was first diagnosed you got an appointment with the chiropodist, for all patients with diabetes, to have your pulses checked and have hard skin taken away
- Have a foot check at annual check-up

Things to be improved locally

- The process for getting a chiropody appointment is very arduous
- For two years now I've not had a chiropody appointment – they stopped sending them
- They have never contacted me – system appears to be broken down
- Chiropodist is in Eastleigh so out of the way so don't want to physically have to go in to put a piece of paper in a box (which is what you have to do – or used to)
- At my annual check-up I get no help or advice

In an ideal world how would you like to access foot care services?

- Have appointments sent to me
- Don't mind going in to Eastleigh but closer would be better – go to satellite of Parkside in Chandler's Ford
- Would like to be seen every 6 months as I have a lot of problems with hard skin

Support to self-manage

- I have received no support or information on looking after my feet
- I look after my own feet
- Support would be good in the form of a podiatry visit
- At the moment I am able to look after my feet but I'm worried that in the future I won't be able to and will need more support
- I need more dietary advice and lifestyle advice
- Diabetes check-up should be every 6 months not every year

Patient Telephone Interview

16th May 2014

Female – 67 years old, Type 1 for 17 years, Fair Oak, near Eastleigh

GP practice: Stokewood surgery

Positives about foot care locally

- Always been happy with service at GP practice in terms of annual review
- I see the diabetes nurse and she thoroughly checks my feet and explains things clearly to me, including what I should and shouldn't do in terms of foot care
- If something major cropped up I would go and see my GP

Things to be improved locally

- I occasionally go to a local chiropodist for a private service – I could probably go to the GP and get a referral but as it has been minor things I don't expect the NHS to cover it and wouldn't want to wait for a long time

In an ideal world how would you like to access foot care services?

- Would be nice to be offered a podiatry service for free without having to go through a referral process with the GP
- I am pretty flexible in terms of appointments as I'm retired. My GP surgery is very convenient but the hospital is fine too.

Support to self-manage

- I have been told about the importance of washing and drying, wearing shoes, filing hard skin, moisturising, etc. This has been mainly from the diabetes nurse at the GP surgery.
- I've not received written information but that's fine for me. I know I can ask her (the diabetes nurse) things if I need to
- I feel I get enough information and am happy with it. I often go on the Diabetes UK website which is great
- The local chiropodist has given me some advice about my feet

Patient Telephone Interview

20th May 2014

Female – 68 years old, Type 1 for 36 years

GP practice: Forestside Medical Practice

Positives about foot care locally

- See the diabetes nurse every 6 months for a check-up, including feet, which is fine

Things to be improved locally

- Services seem quite disjointed and all over the place
- Used to have my toe nails cut at a clinic in Hythe but haven't been recently as taken off the list. Will have to go through GP for a referral again
- Orthotics – seen various different people

In an ideal world how would you like to access foot care services?

- Would be useful if services were closer together

Support to self-manage

- Doctors don't seem to know a lot – this could be because they don't think there are any serious problems
- Would be useful to get more advice about orthotics – which trainers to wear etc.

Patient Telephone Interview

20th May 2014

Male – Type 2 for 3 years, Dibden

GP practice: Forestside Medical Practice

Positives about foot care locally

- See the diabetes nurse every 6 months for a check-up, including feet, which is usually fine, I am quite happy with the service
- At first diagnosis I had a lengthy consultation with the diabetes nurse, including information around foot care and foot complications

Things to be improved locally

- At my last diabetes check-up I saw the doctor as the nurse was on holiday and it was very rushed. I can't remember my feet being checked.
- Went on a 3 week course when I was first diagnosed – the 3rd week was supposed to be about foot care but the chiropodist didn't show up so that never materialised

In an ideal world how would you like to access foot care services?

- Quite happy seeing the diabetes nurse at the GP practice
- I make my next appointment at each appointment
- Some of the available times are restrictive – only seems to be certain days and in the morning – would be helpful if there was a bit more flexibility with this

Support to self-manage

- I feel well informed from my initial consultations and from the information I get from Diabetes UK
- Don't currently need peer support as I don't have any problems with my feet, maybe this would be relevant if I had serious problems.

Patient Telephone Interview

27th May 2014

Female – Type 2 for 22 years, near Romsey

GP practice: Nightingale Surgery, Romsey

Positives about foot care locally

- Annual foot check with diabetes nurse at GP has always been fine and things explained clearly
- Podiatrist seen last week was pleasant and explained what he did to me

Things to be improved locally

- Referred to a podiatrist by diabetes nurse due to verruca but he was unable to do anything about it – perhaps because he was a locum
- He did do my hard skin and cut my nails but in the process caught two of my toes which are now quite painful.
- Left feeling concerned, frustrated and unclear on what to do next. Will do my own research.
- Inconsistencies between appointments – previously been told that the podiatrist wouldn't do my hard skin/nails as not high risk but this time it was different
- Have been seeing a private podiatrist every couple of months as the appointment times and locations with NHS podiatrist were very inconvenient

In an ideal world how would you like to access foot care services?

- See a podiatrist on NHS every 2 months at GP practice
- Appointment times not a problem now I'm retired

Support to self-manage

- Diabetes nurse is fairly good at answering questions
- I have never been given any written or verbal support on how to look after my own feet – only from Diabetes UK
- It would be nice to have been offered this – perhaps a personalised booklet/leaflet which I could refer back to
- Would like some advice on appropriate foot wear, including socks and tights. It would be good to see this information on posters at GP practice.