

Rapid Access Routes for Independent Podiatrists into NHS Podiatry Services & MDTs for People at Risk of Amputation – How Did We All Make It a Reality?



KINDNESS

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INCLUSIVITY



INTEGRITY



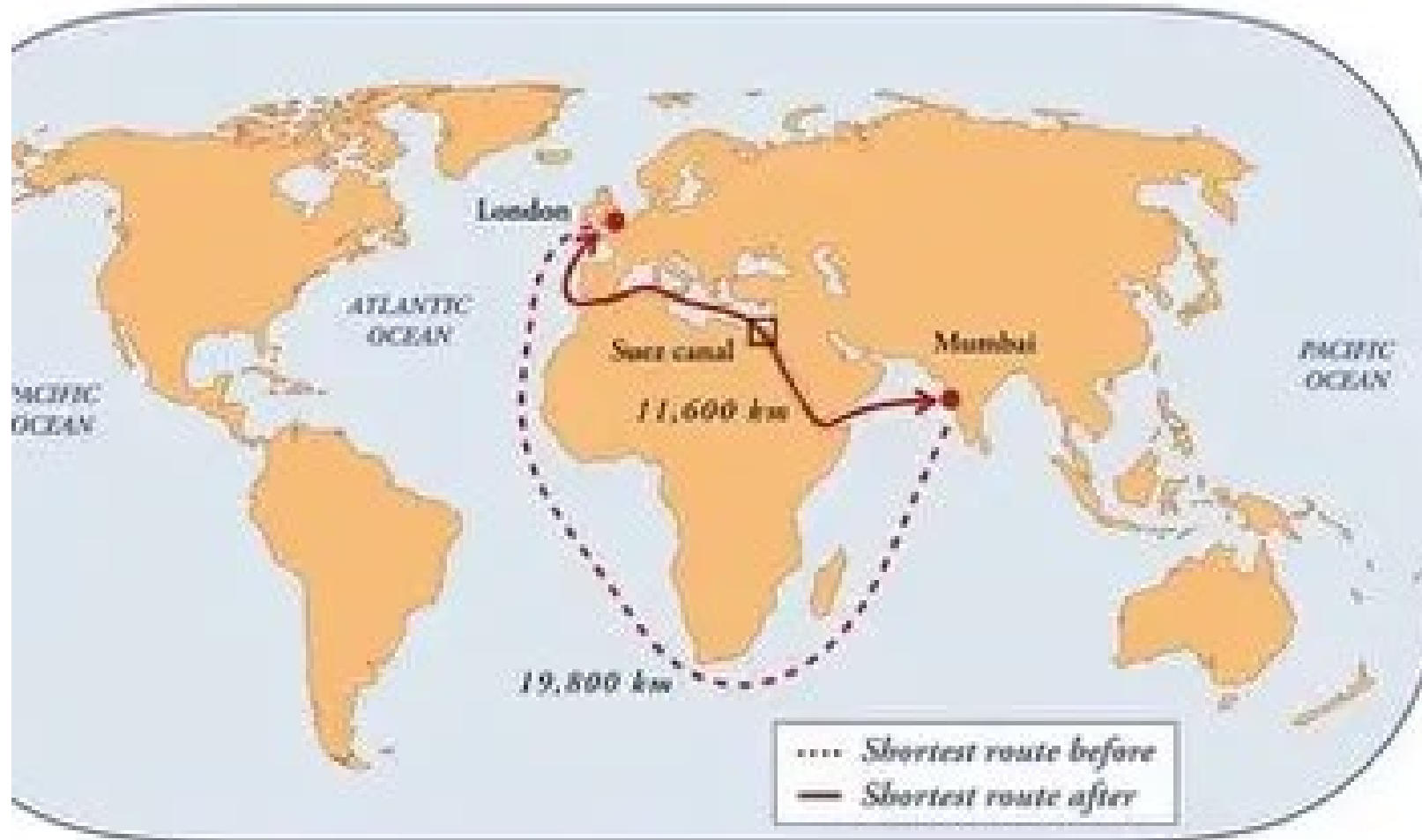
Declarations of Interest

I have no conflict of interests.





The Suez Canal



Challenges

Decreasing NHS podiatry work force

GP referrals/ GP appointments

The Independent/NHS divide

Fewer podiatrists coming through from university

Limited appointments within NHS services

No SOS access for patients

A&E not equipped to deal with these foot patients presenting with acute foot issues

Looking back circa 2015

GP only referrals

NO MDT working

NO OPAT

No urgent vascular pathways

One of the highest amputations rate in the south

Our turning point, 2018/19

Maybe our stars aligned.

Maybe it was the peer review by Dr. Richard Paisey and team.

It was a bit of both.

Where are we now?

Referrals accepted from all health care professionals

Attending local branch meetings and building informal links with private clinicians

Sharing referrals pathways

Accepting well written clinical letters vs use of referral form

What our service looks like

Daily MDFC's (2 of these with vascular input)

Weekly MDM (who are we)

OPAT service

On site urgent vascular lab

CTA scans within 14 days as per CLI pathway, usually sooner

Easy transfers to RSCH liaising with on call vascular team

Recent developments locally and easy to implement country wide

Encourage pts to seek private care bx acute presentations

PIFU

Urgent appt system

Vascular podiatrist, could it be you?

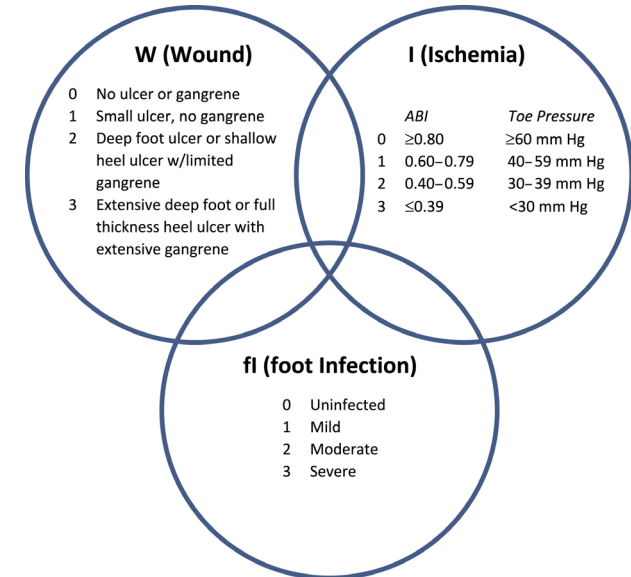
Shared language (the 3 P's, WIfI)

SVN links

Working within the Independent and NHS sector

Find out what your local pathways are and email addresses for urgent referrals

Join the podiatry FB page and actively participate





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