Clinical strategy for service management of diabetic foot units during the COVID-19 pandemic

Background

Individuals attending the diabetic foot clinic require regular and close surveillance to achieve optimal outcomes and limb salvage.

Such intensive assessment is critical given outcomes in diabetic foot disease are contingent on multidisciplinary input but are also time sensitive.

Often, such individuals are reviewed on a fortnightly basis as a minimum, and frequently once a week in secondary care multidisciplinary foot clinics.

Moreover, ideally all new diabetic foot ulcers (DFU) should ideally be reviewed within 24 hours of referral by the multidisciplinary diabetic foot team (MDFT).

Guidance

1. Provision of outpatient multidisciplinary foot service is an essential service

a) Access continues to a diabetic foot service for those with acute or limb threatening problems – for current patients and new referrals.

b) All new referrals should ideally be reviewed within 24 hours. These may be the highest risk group.

Risks:

I. Workforce capacity – frontline medical and surgical staff may be redeployed elsewhere
II. Staff sickness
III. Equipment shortage
IV. Reduced access to revascularisation

Mitigation:

I. All secondary care MDFT's to review the service arrangement and ensure essential service is maintained as essential activity. Providers should consider access being provided as a network across an STP area, if not, all providers can maintain their individual service but collaborative working across organisational boundaries is important.

II. Workforce capacity assessment to be undertaken and service provision clarified to team members, trust leadership and users of the service.
III. As above providers may need to collaborate with a view to ensure access and review for new patient assessments, unwell patients or deteriorating patients

across the STP if individual providers cannot deliver care as per their current SOP.

IV. The locations of MDFT clinics may need to change as acute sites transform to respond to the coronavirus pandemic and growing demand for inpatient and critical care capacity.

2. Provision of inpatient multidisciplinary foot service is an essential service

a) All providers with active inpatient diabetic foot services need to ensure ongoing inpatient footcare provision from the MDFT.

b) All new diabetes foot inpatient referrals should be reviewed by a member of MDFT within 24 hrs of admission.

c) Access to infection control surgery should be prioritised when clinically indicated.

d) Maintain access to revascularisation plans as close as possible. MDFT decision making to prioritise cases is vital.

e) Aim for early assessment of social, mobility and environmental needs of the individual with an aim to facilitate rapid treatment and early facilities discharge into community.

Risks

I. Workforce capacity

Mitigation

I. All key members of the inpatient MDFT service to monitor and review capacity – with aim of ensuring essential service components continue to be delivered.

II. Identify different staff groups with relevant skills who can support the service i.e. other wound care staff tissue and viability staff all working together will increase resilience.

3. Protecting patients and staff while providing essential services

Staff and Patient health and safety is essential, and both need support at this time. Working across traditional boundaries will be increasingly important.

I. Reduce crowding in the DF waiting room.
This will also include relatives and carers being informed.

Guidance: The Public Health England (PHE) advice continues to evolve and we recommend that you appraise yourselves of the most recent advice on maximum crowd numbers.

II. Reduce the need for aerosol producing procedures
Full contact casting should be stopped unless absolutely essential
Debridement should involve the appropriate PPE see your local guidance

Guidance: Those without major foot deformities may be able to safely transition into a removable orthotic walker (e.g. Aircast type). If significant foot deformities exist, consider the option of a TCC made removable.

III. Managing staff with COVID19 symptoms

Guidance: Please follow local Trust and the continuously updated PHE recommendations.

IV. Manging patients with COVID19 symptoms

Guidance: Please follow local Trust and the continuously updated PHE recommendations.

V. Primary Care delivered services

Guidance: Community podiatry services may be curtailed. Please review local plans and ensure clinic staff, doctors and patients are aware of what services are available. Review availability of District Nursing teams to provide IV OPAT or wound care – especially in those with recent COVID confirmation or if they are self-isolating.