# Foot Care for Diabetes patients

<table>
<thead>
<tr>
<th>Type of protocol</th>
<th>Prevention and Early Intervention</th>
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| **Purpose**      | The Foot Care protocol was developed by members of the Podiatry Diabetes team, to encourage diabetes patients at risk of foot ulceration to check their feet and to report concerns promptly. The aim of the protocol was to improve compliance with foot care advice and thereby to improve foot health and the risk of ulcers. The protocol consists of:  
• tips, advice and reminders – reinforcing messages delivered face-to-face  
• monitoring how often patients check their feet and if any change noted  
Initially the protocol was only offered to people at moderate risk of foot ulcers, but later this was extended to those with high risk. |
| **Anticipated Outcomes** | The aims and anticipated outcomes of using the protocol are that patients will:  
• Be more aware of how to help keep their feet healthy  
• Notice any developing problems and take action early on  
• Better foot health and a reduction in the occurrence of ulcers |
| **Corresponding national outputs and outcomes** | Achievement of this outcome would contribute towards:  
• **Personal responsibility** (*NHW outcome*) – by assisting patients to take responsibility for their own health and taking necessary action  
• **Quality of life** (*NHW outcome*) – by contributing to avoidance of ulcers  
• **Cost effective** (*NHW outcome*) – by reducing the costs of treating foot ulcers  
• **Better adherence** (*HMHM output*) – by reinforcing health information and advice and advising when to take appropriate action  
• **Earlier intervention** (*HMHM output*) – by empowering patients to take action appropriately when symptoms develop  
• **Increase in self-management / condition control** (*HMHM outcome*) – by following podiatrists advice about maintaining foot health  
• **Improved access to services** (*HMHM outcome*) – by being prompted by to seek medical attention from a podiatrist promptly |
| **Planned pathway changes** | Use of Florence is an addition, which enhances the existing patient pathway and existing care, by embedding good healthcare routines. |

## Development and deployment

| Developed: | Jul’16 to Sep’16 |
| First patient signed up: | Oct’16 |
| **Patients to date:** | 23 |

After an initial phase of relatively rapid increase in the 1st 4 months, recruitment over 2017 was very slow.

## Take Up

![Foot care chart](image)
# Foot Care for Diabetes patients

## Timescale and costs
- Duration of protocol = 1 year
- Average cost per patient per month = £0.65
- Average overall cost per patient = £7.80

## Monitoring
- 14 patients have completed use of the protocol. Over the year they have been asked two questions 13 times each.
- Did not opt in = 6
- Requested a holiday = 0
- Opted out = 0

### Q1: Have you been checking your feet this week?
- Please text CHECK and a number - 0=not at all, 1=some days, 2=every day. Thanks
  - Average number of responses sent = 8 (62%) – range from 0 (one patient) to 13 (3 patients)
  - Average response: 1.8 (indicating high propensity to check feet every day)

### Q2: Did you notice any changes when you checked your feet today?
- Anything hot, red, swollen or sore? Please text CHANGE1 for Yes or CHANGE2 for No.
  - Average number of responses = 8
  - Average response: 1.9
  - 5 patients indicated they had noticed a change on at least one occasion

## Patients’ views
- Responses from 9 patients, out of 17 sent the text message survey (response rate = 53%)
  - 100% would recommend Florence to other people in their circumstances
  - 100% felt the text messages have helped them to be more aware of their foot care (n=6)

### Paper Questionnaire A
- Responses from 6 patients out of 14 sent the questionnaire (response rate = 43%)
  - 100% of patients who responded agreed that Florence was easy to understand
  - 83% found Florence helpful and supportive
  - 50% felt Florence had helped them understand and manage their own health

### Paper Questionnaire B
- Responses from 1 patient, out of 3 sent the questionnaire (response rate = 33%)
  - This patient found Florence informative, supportive and encouraging, motivating, easy to use and enjoyable to use
  - The patient agreed that Florence had helped them remember health information, become more aware of health issues and to comply with health advice
  - Also that using Florence had been a positive experience and had enhanced their experience of NHS healthcare

## Free text responses
- **Suggested enhancements:** Include an “ask a question” function

  - Like: contact frequency was just right. (P.1)
  - Like: just great as helps to ensure you are checking your feet daily. (P.2)
  - Like: It is a constant reminder to keep checking your feet. (P.3)
  - Like: Reinforced need for vigilance. Simple and quick to respond to
  - Dislike: too simple (P.7)

  - Suggested improvements: To be able to ask questions I find out information, but I appreciate this would be too costly. It’s a great service, thanks. (P.2)
## Florence Protocol Evaluation

### Foot Care for Diabetes patients

<table>
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<tr>
<th>Suggested improvements: Maybe it would be nice if you could ask questions about your feet freely. (P.3)</th>
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<td>Suggested improvements: It’s a little bit “binary” with closed questions, understandably, but it would be good to give more detailed instructions/tips and ask a few more open questions (e.g. which bits of your feet did you check today? Make sure you use a mirror to check between the toes…. Etc.) (P.6)</td>
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<tr>
<td>Suggested improvements: Offer more diverse/complex advice e.g. signs of foot problems to look for e.g. foot fungus, etc. (P.7)</td>
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### Clinicians’ views

The Podiatrists say Florence:
- Encourages /reminds patients when healthcare professionals are at distance
- Is useful for patient reminders when we are working remotely/rurally
- Reinforces messages given to patients.
- Reinforces the importance of footcare measures which are included in Podiatry Consultations – it acts as a continual podiatry input once the patient leaves
- Has the potential to remind patients of the importance of foot care in keeping feet healthy in diabetes.
- Florence is another tool in our toolkit
- Verbal Feedback from patients has been they are more aware
- Amongst my patients one took early action but the other didn’t.
- Provides the opportunity to utilise mobile technology in footcare in diabetes and keeping in line with up-to-date guidelines such as The Modern OutPatient (2018)

Also that:
- We know health & social care delivery has to change; this is one way of keeping in contact with patients.

### Assessment

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<td>Clinicians have difficulty finding the time to offer Florence to patients and do not always remember to do so</td>
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<td>Some patients who are offered Florence do not have a mobile phone, do not use it for text messaging, or live in an area where the mobile phone signal is very poor</td>
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<td>The different managerial structures within NHSH make it more difficult to deliver an equitable Highland wide service; for instance we're about to look at the 'Caithness redesign' and, although I am sure Florence will fit in well, I think there are too many unknowns at this time.</td>
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| Successes: |
| Responses sent to Florence indicate a high propensity to check feet daily and 100% of patients who responded felt that Florence had helped them be more aware of their foot care |

| Outcomes: |
| The anticipated outcomes of using Florence have been achieved in part. Patients are certainly more aware of the issues. |

| Savings: |
| Immediate savings from use of the protocol are not anticipated, however, if the protocol has succeeded in embedding a routine of checking feet daily, and following other tips and advice, this should lead to a reduction in foot ulcers, earlier intervention when they do occur and ultimately a reduction in amputations |
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<th>Future:</th>
<th>Proposals include that:</th>
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<td></td>
<td>• Diabetes podiatrists should embed the use of Florence into their usual practice, in order to ensure all patients are given the opportunity to use it</td>
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<td>• The protocol should be offered more widely, perhaps by all podiatrists who see diabetic patients, rather than only the specialist podiatrists</td>
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<td>• The protocol should be amended to include an ‘ask a question’ function</td>
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