Podiatry and Orthotics Co-production to Improve Pathway and Outcomes for Chronic Foot Ulceration

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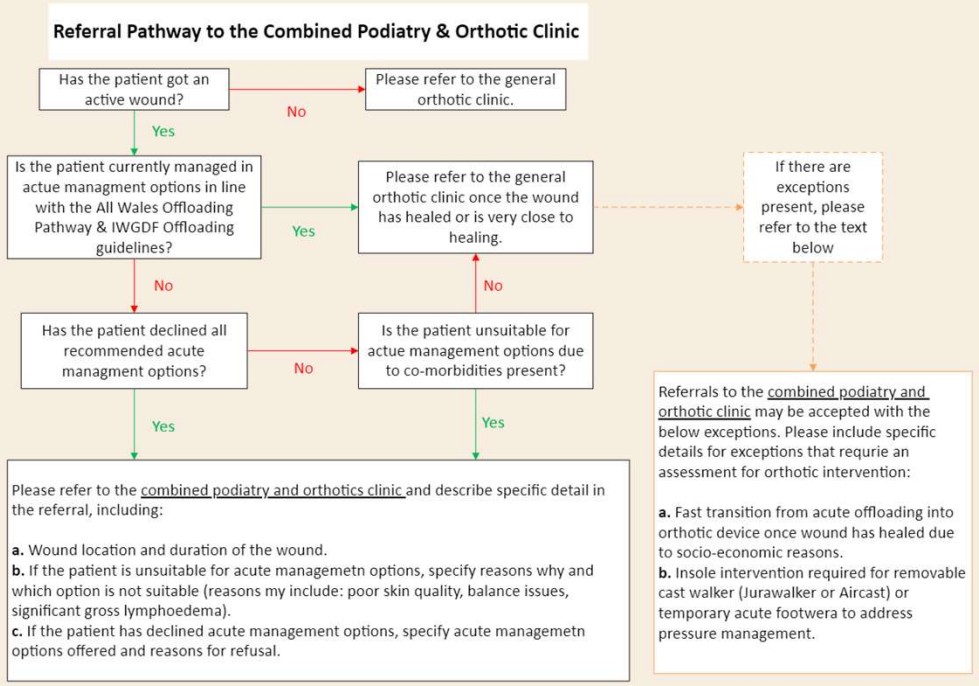
Introduction

Offloading is arguably the most important of multiple interventions needed to heal a neuropathic plantar foot ulcer in a person with diabetes (1). But offloading is only effective if the device is worn by the patient. Non-adherence to offloading has shown to be a central issue (2) with psychosocial factors including lack of motivation, stigma, and embarrassment being the most often reported factors for non-adherence when it comes to wearing foot offloading devices in public (3). A root cause analysis performed by SBUHB in 2015 (4) of preventable amputations indicated that 50% are attributed to patient factors (e.g. multiple Did Not Attend (DNAs), refusing intervention, poor compliance) even with clinical factors perfected. Non-adherence to offloading not only results in a waste of NHS resources and products that are supplied but unused by the patient, but also in less effective health outcomes. All patients have the right to be involved in decisions about their treatment and care and to be supported to make informed decisions, if they are able. Therefore, pathways need to be implemented and existing pathways need to be analysed to ensure factors that influence non-adherence are addressed and where modifiable targeted in assessing treatment adherence and determining the treatment plan to improve adherence.

Methods

The combined podiatry and orthotic clinic was established in 2021 to assess offloading for chronic foot ulcerations and tailor a treatment plan collaboratively with the patient and plan for long-term orthotic management. This clinic was analysed in 2023 as it experienced high DNA rates (20.7%) and a lack of details on referrals resulting in not seeing the right patient at the right time. A pathway was created to aid AHPs in referring to the clinic (see pathway illustrated on the right hand side) aiming to address the short-comings identified.



Results

Following the implementation of the pathway, clinical activity was reviewed in 2024, and results indicated a DNA rate reduction to 15%. Referrals were reviewed and the majority demonstrated sufficient information which aided seeing urgent cases within a more appropriate timeframe. Case reviews (see table on the right hand side) demonstrated that the right patients are seen, and offloading is tailored collaboratively with the patients, addressing factors that influenced previous non-adherence and therefore assisting wound healing. However, the timeframes of wound duration prior to referring as demonstrated in Case 1 and 3 indicated that although the right patients are seen, they may not always be seen at the right time. Reasons for delay in referring will need to be further investigated to ensure patients are referred at the soonest opportunity to assess treatment adherence and tailor an offloading treatment plan collaboratively with the patient.

Case reviews	Approximate duration of active wound before referral to combined podiatry and orthotic clinic	Offloading modality in place before referral to combined podiatry and orthotic clinic	Time from assessment in the combined podiatry and orthotic clinic to wound healing with tailored offloading
Case 1	1 year	None - Declined any offloading	**4 months**
Case 2	3 month	Plantar offloading shoe – wound static no sign of healing	**5 months**
Case 3	3 years	None - Declined any offloading	**2 months**

Conclusion

The combined orthotic and podiatry clinic and the referral pathway aims to address factors that may influence non-adherence to recommended offloading modalities and aiding patients in making an informed decision on their health care. These principles are in line with the guidelines as outlined in 'Prudent Healthcare - Securing Health and Well-being for Future Generations' by the Welsh Government (5).

The implementation, review and analysis of the referral pathway for the combined podiatry & orthotic clinic has:

- Reduced DNA rates.
- Improved details on referrals enabling to see the right patients in clinic.
- Identified that the clinic offers a person-centred approach enabling collaborative and informed decision making with the patient.
- Established good interdisciplinary working relationship between orthotists and podiatrists which can positively impact on the clinical, humanistic, and economic outcomes of patients.

Future Work

Further review is necessary to investigate reasons for delay in referring patients to the clinic. The results of the analysis will be shared with departments that commonly refer these patients to discuss potential factors. DNA rates will be reviewed to identify any other potential reasons which have resulted in missed appointments and resultant missed opportunities. The implementation of patient reported outcome measures or a validated activation measure tool to identify, measure and support low activated patients could assist in supporting the prudent health care model approach within this pathway.

References

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