

Transformation of the Foot Clinic into a Multidisciplinary Diabetic Foot Day Centre for Foot Attack: results from a service evaluation

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Introduction and Objective: Our Diabetic Foot Clinic has grown and developed significantly in response to ever expanding clinical need, and the appreciation of a diabetic foot injury as a “foot attack” similar to that of a heart attack. The aim of the study was to document the increasingly wide ranging functions provided by a modern diabetic foot service. **Design and Method:** A retrospective evaluation of our service carried out over a six week period. Details of clinic notes, investigations, electronic records and clinic outcome were inputted and analysed via an excel spreadsheet. Also we undertook an anonymous patient satisfaction survey. Patients completed forms on site whilst waiting for treatment. **Results:** There were 1218 scheduled appointments; with 1076 (88%) appointments attended by 600 patients. 11% (118) were emergency attendances. 73% (404/555) of patients had type 2 diabetes, 6% (31) were non-diabetic. 54% had forefoot ulcers, 15% had leg ulcers and 37% had multiple ulcers: 18% of patients were seen in a combined vascular clinic with co-existent peripheral vascular disease. 9% were seen in a combined orthopaedic clinic. 45% of attendees were prescribed antibiotics (76% on oral and 24% parenteral). 14% of patients spent in excess of 4 hours in the department due to the complexity of their assessment and treatment. Only 2% of patients were admitted. In the patient survey (125 responders) 98% were satisfied with service provided. **Conclusion:** This review demonstrates the exponential increase in patients and the high level of intensity and complexity which is necessary for a modern Diabetic Foot Service. Our clinic has evolved into a Multidisciplinary Foot Day Centre, with an open access policy, managing emergencies, follow up reviews and day cases. All patients must have easy access to such care, to emphasis the need to treat acute issues as a “foot attack”. Centres should be able to see and investigate patients with an acute “foot attack” with an open access policy, while maintaining a high patient satisfaction.