

**[P36] THE NEED FOR MORE OPEN ACCESS TO SPECIALIST DIABETES FOOT CARE SERVICES: SUPPORTED BY HIGH APPOINTMENT COMPLEXITY SCORE FOR NEW SELF-REFERRED PATIENTS**

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**Aim:** Our clinic has an open access policy which allows patients with foot problems to self-present or self-refer to our specialist foot care service. The aim of this study was to evaluate the complexity of new patient visits to a specialist diabetic foot clinic as a self-referred patient compared to other sources of referrals to the service.

**Method:** We conducted a six month evaluation of all new patient visits to the foot clinic between September 2015 and February 2016. For each patient visit, a “visit complexity score” (VCS) is calculated to reflect all of the investigations and interventions carried out during the consultation. Each activity is given a point score ranging between 0 and 6 depending on its complexity (e.g. 0 for just foot checks but no procedures needed, 1 for debridement of callus and nail care or blood test, 4 for an incision and drainage of pus, and 6 for minor amputation of a toe under local anesthetic). A total of the points score of all the activities performed during the appointment then equates to the VCS. The new referrals were divided into four groups depending on their source (Self-referred, Community Podiatrist, Secondary Care or General Practitioner (GP)). The VCS was then used to compare the complexity of activities carried out per each referral source. Data was extracted electronically and analyzed with MS Excel spreadsheet. Results reported as Mean±SD.

**Results/Discussion:** There were 127 new patient referrals which had complete data with source of referral. The overall mean VCS for the 127 appointments was 4.3±2.4 points: 6% of appointments were self-referred with a significantly higher mean VCS of 6.1±2.4 points compared to the overall mean [p=0.011], 9% of appointments were referral by community podiatrist with a significantly lower mean VCS of 4.4±1.9 points compared to the self-referrals [p=0.043], 39% of appointments were referred by secondary care services with a lower mean VCS of 4.4±2.5 points compared to self-referral [p=0.040]. 46% of patients were referred by their GP with a mean VCS of 3.9±2.2points which was also lower than self-referral [p=0.005].

**Conclusion:** These results indicate that self-referred patients needed high complexity of assessment and intervention and their decision to self-present was well justified. Thus, more of such open access appointments ought to be offered to patients as a mean of facilitating urgent specialist diabetes foot care.