



Feedback Casting Consensus Group

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Current Guidelines



DIABETES UK
CANAL CONNECT CAMPAIGN



FOR PEOPLE WITH DIABETES

PUTTING FEET FIRST

Commissioning/Planning a care pathway for foot care services for people with diabetes

BACKGROUND

The management of people with diabetes is a complex task, involving a multidisciplinary team of health professionals, including general practitioners, nurses, dietitians, podiatrists, and other health professionals. The management of people with diabetes is a complex task, involving a multidisciplinary team of health professionals, including general practitioners, nurses, dietitians, podiatrists, and other health professionals. The management of people with diabetes is a complex task, involving a multidisciplinary team of health professionals, including general practitioners, nurses, dietitians, podiatrists, and other health professionals.

COMMISSIONING/PLANNING

The commissioning/Planning of services for people with diabetes is a complex task, involving a multidisciplinary team of health professionals, including general practitioners, nurses, dietitians, podiatrists, and other health professionals. The commissioning/Planning of services for people with diabetes is a complex task, involving a multidisciplinary team of health professionals, including general practitioners, nurses, dietitians, podiatrists, and other health professionals.



TRANSFORMING FOOT CARE SERVICES IN DIABETES

1 PREVENTION OF ACTIVE DISEASE OF THE FOOT IN THOSE AT INCREASING RISK

Reference of Areas at Increased Risk to the Foot Protection Team (PT) of a local commissioning team will determine the need to implement the national minimum skills framework for foot care services for people with diabetes. The national minimum skills framework for foot care services for people with diabetes is a complex task, involving a multidisciplinary team of health professionals, including general practitioners, nurses, dietitians, podiatrists, and other health professionals.

2 TREATMENT OF ACTIVE DISEASE OF THE FOOT

Foot care services for people with diabetes should be commissioned to meet the needs of people with diabetes. The national minimum skills framework for foot care services for people with diabetes is a complex task, involving a multidisciplinary team of health professionals, including general practitioners, nurses, dietitians, podiatrists, and other health professionals.

3 MANAGEMENT OF THE PERSON WHOSE FOOT CARE HAS BEEN TREATED

People with diabetes who have been treated for foot care should be managed in a way that ensures they receive the best possible care. The national minimum skills framework for foot care services for people with diabetes is a complex task, involving a multidisciplinary team of health professionals, including general practitioners, nurses, dietitians, podiatrists, and other health professionals.

DIABETES UK
CANAL CONNECT

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Putting feet first

Commissioning specialist services for the management and prevention of diabetic foot disease in hospitals

This report is supported by:

Association of British Clinical Diabetologists
Foot in Diabetes UK
Joint British Diabetes Societies Inpatient Working Group
National Diabetes Inpatient Specialist Nurse Group
Primary Care Diabetes Society
Scottish Diabetes Foot Action Group
Society of Chiropractors and Podiatrists
The Vascular Society of Great Britain and Ireland
Wells Diabetes and Endless Society



NHS
National Institute for Health and Clinical Excellence

Quick reference guide

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Diabetic foot problems

Inpatient management of diabetic foot problems

NICE Clinical guideline 119
Developed by The Centre for Clinical Practice at NICE

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NHS
Diabetes



Putting feet first: national minimum skills framework

The national minimum skills framework for commissioning of footcare services for people with diabetes

Revised March 2011

This report is a joint initiative from:

Diabetes UK
Foot in Diabetes UK
NHS Diabetes
The Association of British Clinical Diabetologists
The Primary Care Diabetes Society
The Society of Chiropractors and Podiatrists



Neuropathic Ulceration

Rationale for casting

- To facilitate healing by reducing shear compressive and frictional forces allowing limited mobility
- TCC is the preferred treatment for non-infected plantar foot ulceration. (IWGDF 2007)
- The TCC remains the “gold standard” means of achieving such pressure redistribution. (Boulton 2004)
- The TCC has proven to be the gold standard of treatment because of its ability to reduce pressure and facilitate patient adherence to the off-loading regimen. (Armstrong 2002)



Charcot Foot

Rationale for casting

- To rest and stabilise the affected limb reducing the risk of further foot deformity through immobilisation
- The advantage of a cast is compliance with the treatment is enforced and mobility is reduced. (Boulton 2004)
- Use of non removable off-loading device shortened time to resolution by approximately 3 months (Game 2012)



Current Practice

- European Eurodiale study casting was used in 35% (0–68%) of the plantar fore- or midfoot ulcers. (Prompers 2008)
- USA study showed that only 2% surveyed use the TCC as primary off-loading method. (Wu 2008)
- Evidence exists to support the use of TCC for neuropathic foot ulceration. (Bus 2008)
- Only 40% of patients diagnosed with acute Charcot received a non-removable off-loading device at any stage during their treatment. (Game 2012)
- Treatment of many patients is not in line with current guidelines and there are large differences between countries and centres. Our data suggests that current guidelines are too general and that healthcare organisational barriers and personal beliefs result in under-use of recommended therapies. (Prompers 2008)

Pressure Relieving Devices



The Total Contact Cast (TCC)

Original TCC

Pioneered by Brand

Uses Plaster of Paris (POP)

Drying times 24-48hrs

Not widely used in the UK now



Below Knee Cast

Uses fibreglass instead of POP

Preferred casting material

Quicker drying times

Easier application

Less mouldable



Problems

- Many of our more experienced practitioners are retiring over the next couple years which will leave a skills gap
- Application of casts is a post registration skill for podiatrist however there is limited recognised training available
- No national guidance on when, what and how to apply cast
- No accredited training so tend to adopted the see one, do one, train one approach
- Variations in techniques among centres makes it difficult to assess outcome of casting. Evidence off-loading generally is sparse
- Need to achieve resolution of foot problems as efficiently as possible. Wider use of casting could be one answer

Working Group

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Aim

To define the parameters required for the effective & safe casting in the management of the diabetic foot in the UK

Alternative Aim

To ensure more patients get plastered



Objectives

- Define conditions and the rationale for a range of casting techniques
- To standardise the terminology and techniques currently used for casting
- To develop a competency framework for casting
- To develop standardised patient information

Standardisation

Agreed techniques

- Below Knee Cast – Charcot
- Removable Below Knee Cast
- Boot Cast
- Removable Boot Cast

To be discussed

- Slipper Cast
- Below Knee Cast – ulceration



What next?

- Group reconvene during the Malvern conference to work towards guidance on recommending cast types for different foot conditions
- Devise an accredited training program
- Identify potential sites/practitioners to provide training
- Standardise patient information
- Endorsement from professional bodies
- Publish consensus document
- Facilitate national implementation

