

## Guidelines for Transfer for Healed Foot Ulcer Patients to Community Podiatry Services

### Purpose of document:

To outline guidelines that could be used for patients who have a **healed foot ulcer** within the podiatry services at GSTT or the diabetes foot clinic at KCH who could be transferred to the Lambeth and Southwark community podiatry services.

### These guidelines only apply to patients who meet the following criteria:

- Live in Lambeth and Southwark
- Seen in acute podiatry services at GSTT or the diabetes foot clinic at KCH
- Had an active foot ulcer which has now healed

Again, to be used as guidelines and transfer would depend on the discretion of the clinician.

Please consider the transport needs of patient when transferring to community podiatry, it is recommended to confirm suitable arrangements can be made before transfer.

### After foot ulcer has healed, when to transfer to community podiatry:

	Transfer between 6-12 months healed	Transfer after 12 months healed
<b>Does the patient (have):</b>		
Peripheral vascular disease, with an intervention within the last 12 months	✘	✓
A foot surgical intervention within the last 12 months (amputation or debridement)	✘	✓
Require hospital dialysis	✓	✓
Neuropathy only	✓	✓
Neuropathy AND dormant Charcot foot or deformity	✘	✓
Appointments within hospital outpatient diabetes service	✘	✓

**If patient has none of the above, transfer possible in less than 6 months of healed\***

\* Currently applies to GSTT only

KCH diabetes foot clinic currently recommends transfer of this patient group only after 12 months of having a healed ulcer (although GSTT allows earlier transfer). *KCH will re-visit this criteria upon the next review of these guidelines in May 2014.*

**This guideline was developed by the DMI Improving Foot Health working group in December 2013. It will be reviewed again in May 2014 (every 6 months) by the specialist podiatry teams and representatives from the contributing organisations below:**