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Our ref: 4863

10 August 2018

Freedom of information request

I am writing in response to your request for information which has been handled under the Freedom of Information Act 2000 (FOIA).

All questions are for the time period of April 2018 to June 2018.

<p>Number of inpatients with diabetes and active foot disease</p> <p>100 Patients</p>	<p>For clarity: Count of the number of patients:</p> <ul style="list-style-type: none">- admitted as an inpatient, with either an elective (day cases and ordinary elective) or non-elective admission- with diabetes (both primary and secondary diagnosis)- with active foot disease or a foot lesion (both primary and secondary diagnosis)- whose spells ended between 01 April 2018 and 30 June 2018
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Do you have a Multidisciplinary (or Interdisciplinary) Diabetic Foot Care Team (MDFT)? Yes

If so, could you also answer the following:

<p>Do you have a foot care pathway to ensure that inpatients receive expert MDFT input within 24 hours?</p> <p>Please see attached</p>	<p>As per NICE guidance on the inpatient management of diabetic foot problems (NICE guideline CG119):</p> <ul style="list-style-type: none"> - Each hospital should have a care pathway for people with diabetic foot problems who need inpatient care. - A named consultant should be accountable for the overall care of the person, and for ensuring that healthcare professionals provide timely care. - Refer the person to the multidisciplinary foot care service within 24 hours of the initial examination of the person's feet. Transfer the responsibility of care to a consultant member of the multidisciplinary foot care service if a diabetic foot problem is the dominant clinical factor for inpatient care. - The named consultant and the healthcare professionals from the existing team should remain accountable for the care of the person unless their care is transferred to the multidisciplinary foot care service.
<p>Number of inpatients with diabetes and active foot disease that have been seen by a MDFT</p> <p>40 Inpatients</p>	<p>Count of the number of patients:</p> <ul style="list-style-type: none"> - admitted as an inpatient, with either an elective (day cases and ordinary elective) or non-elective admission - with diabetes (both primary and secondary diagnosis) - with active foot disease or a foot lesion (both primary and secondary diagnosis) - whose spells ended between 01 April 2018 and 30 June 2018 - that have been reviewed by one or more clinicians who are members of a MDFT as defined above and so the patient then forms part of the MDFT's caseload that informs its weekly discussion. This can therefore include both actual clinics with booked slots and virtual slots where the patient is reviewed by a MDFT member outside of a clinic setting. The patient does not need to be seen by all members of the MDFT.
<p>Number of outpatients with diabetes and active foot disease that have been seen by a MDFT</p> <p>47 Outpatients.</p>	<p>Count of the number of patients:</p> <ul style="list-style-type: none"> - seen as an outpatient - with diabetes (both primary and secondary diagnosis) - with active foot disease or a foot lesion (both primary and secondary diagnosis) - whose attendances were between 01 April 2018 and 30 June 2018 - that have been reviewed by one or more clinicians who are members of a MDFT as defined above and so the patient then forms part of the MDFT's caseload that informs its weekly discussion. This can therefore include both actual clinics with booked slots and virtual slots where the patient is reviewed by a MDFT member outside of a clinic setting. The patient does not need to be seen by all members of the MDFT.