

## Foot care for people with diabetes overview

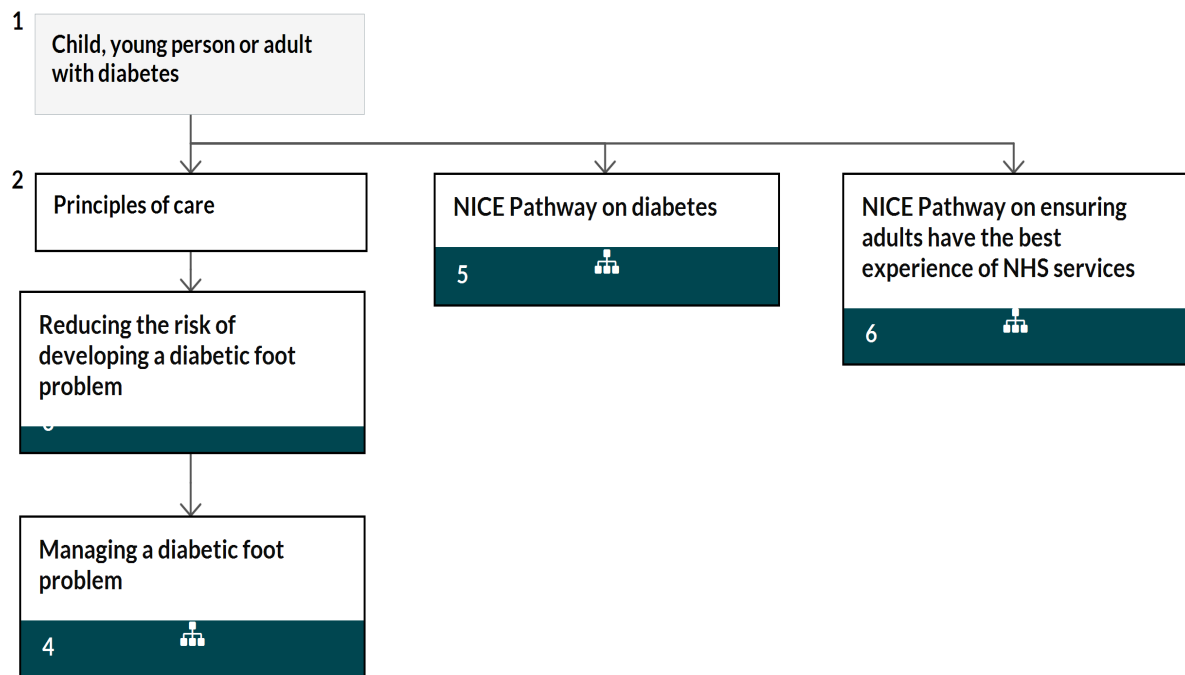
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/foot-care-for-people-with-diabetes>

NICE Pathway last updated: 30 November 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



## 1 Child, young person or adult with diabetes

No additional information

## 2 Principles of care

### Care across all settings

Commissioners and service providers should ensure that the following are in place:

- A foot protection service for preventing diabetic foot problems, and for treating and managing diabetic foot problems in the community.
- A multidisciplinary foot care service for managing diabetic foot problems in hospital and in the community that cannot be managed by the foot protection service. This may also be known as an interdisciplinary foot care service.
- Robust protocols and clear local pathways for the continued and integrated care of people across all settings including emergency care and general practice. The protocols should set out the relationship between the foot protection service and the multidisciplinary foot care service.
- Regular reviews of treatment and patient outcomes, in line with the [National Diabetes Foot Care Audit](#).

The foot protection service should be led by a podiatrist with specialist training in diabetic foot problems, and should have access to healthcare professionals with skills in the following areas:

- Diabetology.
- Biomechanics and orthoses.
- Wound care.

The multidisciplinary foot care service should be led by a named healthcare professional, and consist of specialists with skills in the following areas:

- Diabetology.
- Podiatry.
- Diabetes specialist nursing.
- Vascular surgery.
- Microbiology.
- Orthopaedic surgery.
- Biomechanics and orthoses.

- Interventional radiology.
- Casting.
- Wound care.

The multidisciplinary foot care service should have access to rehabilitation services, plastic surgery, psychological services and nutritional services.

Healthcare professionals may need to discuss, agree and make special arrangements for disabled people and people who are housebound or living in care settings, to ensure equality of access to foot care assessments and treatments for people with diabetes.

Take into account any disabilities, including visual impairment, when planning and delivering care for people with diabetes.

### **Care within 24 hours of a person with diabetic foot problems being admitted to hospital, or the detection of diabetic foot problems (if the person is already in hospital)**

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.

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.

Also see 'referral in hospital' in [when to refer](#).

## **3 Reducing the risk of developing a diabetic foot problem**

[See Foot care for people with diabetes / Reducing the risk of developing a diabetic foot problem](#)

## **4 Managing a diabetic foot problem**

[See Foot care for people with diabetes / Managing a diabetic foot problem](#)

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**5 NICE Pathway on diabetes**

[See Diabetes](#)

**6 NICE Pathway on ensuring adults have the best experience of NHS services**

[See Patient experience in adult NHS services](#)

## Sources

Diabetic foot problems: prevention and management (2015 updated 2019) NICE guideline NG19

## Your responsibility

### Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

### Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the

recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

### **Medical technologies guidance, diagnostics guidance and interventional procedures guidance**

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.