

11th February 2022

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Official Information Act Request for – Diabetic Foot Services

I write in response to your Official Information Act request received by us 22nd December 2021, you requested a large amount of information regarding Diabetic Foot Services:

Counties Manukau Health Response:

For context Counties Manukau Health (CM Health) employs over 8,500 staff and provides health and support services to people living in the Counties Manukau region (approx. 601,490 people). We see over 118,000 people in our Emergency Department each year, and over 2,000 visitors come through Middlemore Hospital daily.

Our services are delivered via hospital, outpatient, ambulatory and community-based models of care. We provide regional and supra-regional specialist services i.e. for orthopaedics, plastics, burns and spinal services. There are also several specialist services provided including tertiary surgical services, medical services, mental health and addiction services.

In response to your request.

1. Does your DHB provide Kaupapa Māori foot protection services? [This is defined as a *podiatry service for Māori that embodies Māori values and principles*]

The service serves all ethnicities, the underpinning premise is that all are treated with respect, and embodies Māori values and principles as standard practice. Kaupapa Māori is an ongoing journey of critical reflection, learning and adaptation of practice, supported by our Counties Māori Health Team.

a. Is this service available/funded in your DHB? (Yes or No), Describe the service

Yes. Counties Manukau Health has a diabetes service working in tandem with a closely linked podiatry service. This includes outpatient and inpatient consultations across multiple sites, and is staffed by clinicians from multiple disciplines including medical, nursing, podiatry and allied health.

b. If this service is funded, for each foot risk 'category' how many sessions are funded per year per patient?

Our department is a secondary care/high risk service provided based on clinical need, and patients are seen as required, based on service capacity, and not on a limited session basis.

c. Who would qualify for each of the funded services based on NZSSD referral pathway for diabetic foot?

Please see attached Diabetic Foot Clinic Referral Guideline Oct 2017.

d. Who is able to refer? (e.g., GPs, community podiatrists, emergency departments, inpatient wards, diabetes nurse educators, outpatient clinics)

All of the above.

e. If available, what is the number of podiatrists employed/contracted in this position?

4 Podiatrists.

f. What is the total FTEs of diabetes podiatrists?

1.7 FTE

g. Of these, what is the number of Māori podiatrists and their total FTEs?

1 Maaori podiatrist at 0.2 FTE

h. Are off-loading services provided in this setting (e.g., medical grade footwear, orthotics, casts, removable casts, etc)?

Yes, via an external provider.

i. How are these foot care services provided during Covid-19 restrictions?

Face to face consultations continued during COVID-19 lockdowns, but with a reduction in referrals and volumes, as patients presented less to primary/community care and subsequently we received less referrals.

j. What impact has Covid-19 had on waiting times and the delivery of foot care services?

No change.

k. Any further comments/suggestions related to the Diabetic Foot Services at your DHB.

No.

2. Funded Community podiatry services [based on NZSSD pathway for Diabetic Foot Screening and Assessment for people with MODERATE, IN-REMISSION or HIGH RISK foot provided with x number of sessions with a community podiatrist]

a. Is this service available/funded in your DHB? (Yes or No), Describe the service

- The service is provided under an agreement between CM Health and PHOs within the Counties Manukau rohe. The 5 PHOs in Counties Manukau then contract the community podiatrists to deliver the service components as per the contractual agreement.
- The service was designed to; improve primary care services for people with diabetes foot disease and reduce the progression of their condition and incidence of secondary conditions.
- The intent is to work with primary and secondary services to improve equitable access to diabetes related foot services and prevent first and subsequent ulcerations, unplanned hospital admissions, and reduce the risk of lower limb amputations in people with diabetes who are at increased risk.

b. If this service is funded, for each foot risk 'category' how many sessions are funded per year per patient? e.g., 6 sessions per year ongoing lifelong or if service stopped by patient request

- As a part of the CM Health podiatry contract, people assessed as having 'low' risk foot are provided care by the primary care provider.
- People assessed as having moderate and high risk foot are provided care by community podiatrists.
- People assessed as having an active foot condition will be referred the same day by the podiatrist to the secondary service Specialist MDT Foot Team and the patient's general practice will be informed of this.

- The service component provides funded community based podiatry services that includes a 1st assessment and up to three follow up assessments per patient, however if they need an additional assessment – for example while waiting specialist treatment, then the PHO can approve this at their clinical discretion to ensure there are less barriers to accessing care.
 - Visits can be allocated in accordance with patient need but must remain within the service Price volume cap. This is managed by the PHOs
 - Primary care teams are encouraged to use clinical criteria in planning the duration of care for each patient as it would be determined by the clinical support required.
- c. Who would qualify for each of the funded services based on NZSSD referral pathway for diabetic foot? e.g., low and moderate risk foot based on the Scottish Diabetes Group**
- The service is offered to people eligible for; NZ health care services, people with diabetes enrolled with a PHO in CM Health catchment area and meet the eligibility criteria for funded podiatry services (i.e. Maaori, Pacific, Q5 patients) and are at moderate or high risk of developing diabetes related foot disease.
- d. Who is able to refer? (e.g., GPs, community podiatrists, emergency departments, inpatient wards, diabetes nurse educators, outpatient clinics) e.g., GPs, non-contracted community podiatrists, specialists**
- The following people can refer patients to community podiatrists – GPs, diabetes nurse educators. Diabetes secondary care services at CM Health can refer via the patient’s GP if they have podiatrist attached to their PHO (to whom the GP is affiliated).
- e. If available, what is the number of podiatrists employed/contracted in this position? e.g, 6 podiatrists**
- f. What is the total FTEs of diabetes podiatrists? e.g., 2.2**
- In response to questions e and f, approximately 10.0FTE across all 5 PHOs.
- g. Of these, what is the number of Māori podiatrists and their total FTEs?**
- Approximately 2.0 FTE are Maaori podiatrist in the CM Health region that provide care through the primary care podiatry contract.
- h. Are off-loading services provided in this setting (e.g., medical grade footwear, orthotics, casts, removable casts, etc)?**
- People with high risk feet requiring medical grade footwear or orthotics to prevent first or subsequent ulcerations are referred to the orthotic service.
- i. How are these foot care services provided during Covid-19 restrictions?**
- Most services were delivered virtually, otherwise deferred for when the alert levels eased. Some face to face services can be provided following alert level framework.
- j. What impact has Covid-19 had on waiting times and the delivery of foot care services?**
- Increased the wait time for patients to be seen by at least another 3 to 4 weeks.
 - Re-scheduling of patient appointments.
 - Patients referred to secondary care if urgent.
- k. Any further comments/suggestions related to the Diabetic Foot Services at your DHB No.**

3. In-remission diabetic foot services [In-remission refers to a foot with previous amputation, previous ulceration or consolidated Charcot foot]

- a. Is this service available/funded in your DHB? (Yes or No), Describe the service**
- Yes, this is covered as part of our podiatry service.
- b. If this service is funded, for each foot risk 'category' how many sessions are funded per year per patient?**
- As above, our department is a secondary care/high risk service provided based on clinical need, and patients are seen as required, based on service capacity, and not on a limited session basis.

- c. **Who would qualify for each of the funded services based on NZSSD referral pathway for diabetic foot?**
Please see referral criteria. Referrals are triaged by the service and seen by one podiatrist.
 - d. **Who is able to refer? (e.g., GPs, community podiatrists, emergency departments, inpatient wards, diabetes nurse educators, outpatient clinics)**
All of the above – GPs, Community Podiatrists, Emergency Departments, Inpatient Wards, Diabetes Nurse Educators, Outpatient Clinics.
 - e. **If available, what is the number of podiatrists employed/contracted in this position?**
2 Podiatrists.
 - f. **What is the total FTEs of diabetes podiatrists?**
0.8 FTE.
 - g. **Of these, what is the number of Māori podiatrists and their total FTEs?**
0.
 - h. **Are off-loading services provided in this setting (e.g., medical grade footwear, orthotics, casts, removable casts, etc)?**
Yes, as above.
 - i. **How are these foot care services provided during Covid-19 restrictions?**
Face to face consultations continued during COVID-19 lockdowns, but with a reduction in referrals and volumes, as patients presented less to primary/community care and subsequently we received less referrals.
 - j. **What impact has Covid-19 had on waiting times and the delivery of foot care services?**
No change.
 - k. **Any further comments/suggestions related to the Diabetic Foot Services at your DHB**
4. **High risk diabetic foot clinics [Accepts patients with active diabetic foot problems such as ulceration, infection, critical limb ischaemia, suspected Charcot foot]**
- a. **Is this service available/funded in your DHB? (Yes or No), Describe the service**
Yes, as above in question 1.
 - b. **Who would qualify for each of the funded services based on NZSSD referral pathway for diabetic foot? i.e high risk foot patients**
Please see attached Diabetic Foot Clinic Referral Guideline Oct 2017.
 - c. **Who is able to refer? (e.g., GPs, community podiatrists, emergency departments, inpatient wards, diabetes nurse educators, outpatient clinics)**
All of the above.
 - d. **If available, what is the number of podiatrists employed/contracted in this position?**
2 podiatrists.
 - e. **What is the total FTEs of diabetes podiatrists?**
0.6 FTE.
 - f. **Of these, what is the number of Māori podiatrists and their total FTEs?**
Maaori podiatrist at 0.2 FTE.
 - g. **How are these foot care services provided during Covid-19 restrictions?**
Face to face consultations continued during COVID-19 lockdowns, but with a reduction in referrals and volumes, as patients presented less to primary/community care and subsequently we received less referrals.
 - h. **What impact has Covid-19 had on waiting times and the delivery of foot care services?**
No change.
 - i. **Any further comments/suggestions related to the Diabetic Foot Services at your DHB**
No.
5. **Specialist Multidisciplinary Team Diabetic Foot (MDTDF) clinics. [A clinic that occurs regularly and staffed by a combination of specialists such as a diabetes physician, podiatrist, vascular**

surgeon, orthopaedic surgeon, infectious disease physician, diabetes registrar, or orthotist, etc]

- a. **Is this service available/funded in your DHB? (Yes or No), Describe the service**
Yes, there is a MDT clinic with linkages to other services, including vascular and orthopaedics, and remotely accessible orthotists via an external provider.
- b. **Who would qualify for each of the funded services based on NZSSD referral pathway for diabetic foot?**
As decided by triaging clinician. Please see referral guidelines.
- c. **Who is able to refer? (e.g., GPs, community podiatrists, emergency departments, inpatient wards, diabetes nurse educators, outpatient clinics)**
All of the above.
- d. **If a Multi-Disciplinary Team Diabetes Foot Clinic (MDTDF) is available at your DHB, please list the staff (specialists) who are members of MDT (e.g., diabetes specialist, diabetes registrar, infectious diseases specialist, vascular surgeon, podiatrist, orthopaedic surgeon, etc). e.g., diabetes physician, diabetes registrar, infectious diseases doctor, vascular surgeon, orthopaedic surgeon, podiatrists, and occasionally orthoptist**
Diabetes physician, Diabetes Nurse Specialists, and podiatrists, with remotely accessible vascular, orthopaedics, infectious diseases and orthotists.
- e. **How often are the MDT Diabetic Foot Clinics held (e.g., weekly, fortnightly, etc)? e.g., every two weeks regularly**
Weekly.
- f. **How are these foot care services provided during Covid-19 restrictions?**
Face to face consultations continued during COVID-19 lockdowns, but with a reduction in referrals and volumes, as patients presented less to primary/community care and subsequently we received less referrals.
- g. **What impact has Covid-19 had on waiting times and the delivery of foot care services?**
No change.
- h. **Any further comments/suggestions related to the Diabetic Foot Services at your DHB**
No.

6. Designated Charcot foot clinics [This is often an MDT clinic staffed by a podiatrist, orthotist, orthopaedic surgeon/registrar, and/or diabetes specialist and specifically manage patients with Acute or Chronic Diabetic Charcot Foot]

- a. **Is this service available/funded in your DHB? (Yes or No), Describe the service**
- b. **Who is able to refer? (e.g., GPs, community podiatrists, emergency departments, inpatient wards, diabetes nurse educators, outpatient clinics) e.g., GPs, Hospital EDs, diabetes centre podiatrists, community podiatrists**
- c. **If a Multi Disciplinary Team Diabetes Foot Clinic (MDTDF) is available at your DHB, please list the staff (specialists) who are members of MDT (e.g., diabetes specialist, diabetes registrar, infectious diseases specialist, vascular surgeon, podiatrist, orthopaedic surgeon, etc).**
- d. **How often are the MDT Diabetic Foot Clinics held (e.g., weekly, fortnightly, etc)?**
- e. **How are these foot care services provided during Covid-19 restrictions? What impact has Covid-19 had on waiting times and the delivery of foot care services?**
- f. **Any further comments/suggestions related to the Diabetic Foot Services at your DHB**
In response to all of question six, CMDHB does not have a specific Charcot foot clinic, however both diabetes and orthopaedics provide these services.

7. Hyperbaric oxygen therapy

- a. **Is this service available/funded in your DHB? (Yes or No), Describe the service**
- b. **Whether this service is available or not in your DHB, are patients referred for this service/ utilised by your DHB for diabetic foot ulcer treatment? E.g yes**

- c. **How are these foot care services provided during Covid-19 restrictions? What impact has Covid-19 had on waiting times and the delivery of foot care services?**
- d. **Any further comments/suggestions related to the Diabetic Foot Services at your DHB**
In response to all of question 7, CMDHB does not refer patients for hyperbaric oxygen therapy.

8. Vascular services for diabetic foot disease

- a. **Is this service available/funded in your DHB? (Yes or No), Describe the service.**
Yes. 3 Vascular SMOs work in conjunction with Podiatrists for inpatients and outpatients.
- b. **Are the following vascular services provided at a local hospital or through a regional referral centre?**
Local Hospital.
- c. **How are these foot care services provided during Covid-19 restrictions?**
Vascular SMOs have been available 24/7. All services are still available however are provided within Covid-19 regulations. Outpatient activity across many services is limited by covid restrictions around physical distancing and PPE.
- d. **What impact has Covid-19 had on waiting times and the delivery of foot care services?**
All services have been impacted by the restrictions during Covid and at times appointments have needed to be rescheduled due to covid regulations such as physical distancing and arrangement of personal protective equipment.
- e. **Any further comments/suggestions related to the Diabetic Foot Services at your DHB**
No.

9. Revascularization - Vascular

- a. **Is this service available/funded in your DHB? (Yes or No), Describe the service**
Yes. A Vascular service exists in our DHB and is also supported by Radiology.
- b. **Following limb revascularisation, where does physical rehabilitation occur (e.g., DHB hospital or out-of-DHB facility), and who is involved (e.g. physio, OT, etc)? e.g., DHB public hospital; OT, Physio, rehab specialist**
A comprehensive rehab service is available and can occur within the hospital or out of the DHB with appropriate clinical support.
- c. **How are these foot care services provided during Covid-19 restrictions?**
Vascular SMOs have been available 24/7. All services are still available however are provided within Covid-19 regulations. Outpatient activity across many services is limited by covid restrictions around physical distancing and PPE.
- d. **What impact has Covid-19 had on waiting times and the delivery of foot care services?**
All services have been impacted by the restrictions during Covid and at times appointments have needed to be rescheduled due to covid regulations such as physical distancing and arrangement of personal protective equipment.
- e. **Any further comments/suggestions related to the Diabetic Foot Services at your DHB**
No.

10. Lower Limb Amputation - Vascular

- a. **Is this service available/funded in your DHB? (Yes or No), Describe the service**
Yes. A Vascular service exists in our DHB and is also supported by Radiology.
- b. **Following lower limb amputation, where does physical rehabilitation occur (e.g., DHB hospital or out-of-DHB facility, artificial limb services), and who is involved (e.g. physio, OT, etc)? add as appropriate. e.g., DHB public hospital; OT, Physio, rehab specialist**
A comprehensive rehab service is available and can occur within the hospital or out of the DHB with appropriate clinical support.
- c. **How are these foot care services provided during Covid-19 restrictions?**

Vascular SMOs have been available 24/7. All services are still available however are provided within Covid-19 regulations. Outpatient activity across many services is limited by covid restrictions around physical distancing and PPE.

- d. **What impact has Covid-19 had on waiting times and the delivery of foot care services?**
All services have been impacted by the restrictions during Covid and at times appointments have needed to be rescheduled due to covid regulations such as physical distancing and arrangement of personal protective equipment.
- e. **Any further comments/suggestions related to the Diabetic Foot Sservices at your DHB**
No.

11. If your DHB does not provide a high-risk foot service or diabetes community podiatry, who provides diabetic foot/wound care and how many of them provide this service? [e.g., this can be nurses and other staff]

- a. **Number of non-podiatrists working in diabetic foot or wound care?**
- b. **Who are Staff (e.g., Nurses)**
- c. **How are these foot care services provided during Covid-19 restrictions? What impact has Covid-19 had on waiting times and the delivery of foot care services?**
- d. **Any further comments/suggestions related to the Diabetic Foot Services at your DHB**
In response to question eleven, we provide a high risk foot service.

I trust this information answers your request. You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or Freephone 0800 802 602.

Please note that this response or an edited version of this may be published on the Counties Manukau Health website. If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider this.

Yours sincerely



Dr Peter Watson
Acting Chief Executive Officer
Counties Manukau Health