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How appropriate and timely are referrals made to a tertiary diabetes foot clinic?

G Tarigopula, R Kanan, R Jogia, R Berrington, M-F Kong

Department of Diabetes, University Hospitals of Leicester NHS Trust, Leicester General Hospital, Leicester, UK

Aim: We looked at the appropriateness and timeliness of referrals to our tertiary diabetes foot clinic. **Method:** Prospective audit over 8 weeks. Data was collected from the referral letters. **Results:** There were 63 new referrals. Majority of them were men (67.2 %). 38% (n=24) referrals were from family doctors. 29% (n=18) were from community podiatrists, district nurses and within the hospital. The source of referral was unclear in 33.3% (n=21). The time from referral to being seen in the clinic ranged from 0 to 8 weeks. The average time was 3.2 weeks. The majority of the referrals (73 %, n=46) were appropriate. 27% (n=17) of referrals were inappropriate. This included leg ulcers, gout, corns, chilblains, hammer toes. **Conclusions:** It is apparent that there are problems at several levels within the referral pathway. There is a delay in referring patients early on. All referrals are screened by a consultant and if a referral is deemed urgent, patients are seen within days or advised to be admitted. Recently a 'Choose and Book' system has been introduced so that patients have greater control over their appointments. Unfortunately patients do not always realize the urgency of their foot problem and delay their appointments. It was noted that many of the patients were being treated in the community and were just having their wounds dressed by the district nurses without any podiatry. In addition when patients are eventually referred, the referrals are not always appropriate. This wastes both the patients' and healthcare professionals' time and we have to redirect to the most appropriate discipline.

This audit showed that there is an urgent need to educate both patients and healthcare professionals at various levels, especially in the community, about the urgency of referring diabetic patients with foot ulcers.