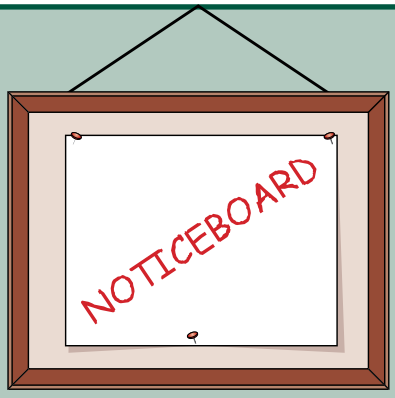


*Maureen Wallymahmed, Nurse Consultant, Liverpool*

Do you ever wonder if other people are doing the same as you and that you might just be re-inventing the wheel?

Now is your chance to find out by using the Noticeboard section in the *Journal of Diabetes Nursing*. As a member of the journal's editorial board, I know that this feature creates a welcome opportunity for nurses involved in diabetes care to pose a quick question or share a fleeting thought with other healthcare professionals without having to write a whole article or phone round an array of colleagues.

The idea of Noticeboard is much the same as an internet message board where people can place requests, thoughts, ideas – in fact anything they want to share – as a brief message on this page. We at the journal will then encourage other readers to comment in the next issue, thereby enhancing ongoing debate and discussion but with minimum effort on the part of participants.

### Education tariffs

**Q** *Has anyone agreed a local tariff for group education sessions? We have just started a 4-week intensive education course for people with type 1 diabetes which we need to include into the Payment by Results (PbR) system. Can anyone help?*

*Maureen Wallymahmed*
*Nurse Consultant - Diabetes, Liverpool*

**A** We agreed a tariff with our PCT (for ASPIRE, see *Journal of Diabetes Nursing* 12(1): 6–13) at the end of last year. The package involves a pre-assessment, the insulin skills course (4 days over 4 weeks) and three post-course assessments at 3, 6 and 12 months. The cost for 2008/9 is £4365. If you require further information please feel free to contact me.

*Dee Clark*
*Nurse Consultant - Diabetes, Chesterfield*

### Telephone care

**Q** With more diabetes management being carried out in primary care, we have noticed an increase in phone calls for advice and guidance from people with diabetes and primary care staff. While this is a good use of resources, we are aware that it is not being 'charged for'. Has anyone got a system to deal with this?

*Sue Hamilton*
*DSN, London*

### Pregnancy and diabetes

**Q** In women with diabetes, how do people approach preconception care? Additionally, what strategies have other clinics developed for ensuring women who are pregnant and frequently do not attend appointments receive suitable care?

*Tina Ali, DSN*
*Aintree University Hospitals NHS Foundation Trust*

### Pathways for non-healing ulcers

**Q** *We are developing a pathway for non-healing diabetic foot ulcers and I would like to know if anyone has developed a protocol for antibiotic treatment. There appears to be some inconsistency about when to start antibiotics and the duration of treatment. I would be grateful for any information.*

*Name and address witheld*

**A** There are really two questions here – why may foot ulcers not heal, and what are the most appropriate antibiotics for infected foot ulcers? There are many reasons for delayed healing of foot ulcers. Infection – especially bone infection – may be one, but inadequate off-loading is probably the most common. Others may include ischaemia, inappropriate footwear, poor glycaemic control and smoking.

There is no hard evidence base or national policy for antibiotic advice. However, most experts in the field would initially use something like co-amoxiclav or amoxicillin/flucloxacillin (erythromycin if penicillin-allergic). With associated bone infection, clindamycin-based regimens are usually used.

This is just a brief guide and assessment of the individual, the foot and the wound is essential. A good source of further information is FDUK (foot in diabetes UK: see http://www.footindiabetes.org).

*Rachel Rowlands, Podiatrist, Liverpool*
*Professor Geoff Gill, Consultant Physician, Liverpool*

### Any answers?

Please send any responses to the above or further questions to:

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