The only constant in life is change: A case study of new working practices for podiatry and district nursing due to COVID-19

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COVID-19 resulted in a lockdown situation in the UK from March 2020. Overnight, traditional working practice became untenable. Recognition of the necessity to work differently and to implement these alternative practices swiftly became a reality. It was not feasible for all patients to attend podiatry clinics, or for staff to perform their conventional roles. Shielding and social distancing meant that available numbers of podiatry staff were reduced, while people with diabetes were scared and, in some instances, unable to venture out of their homes. However, the need to provide safe, high-quality diabetes footcare for the population remained and even became increasingly vital. The present authors collaborated to develop new working practices within the podiatry service and district nursing teams on the Isle of Wight. In this case study, they describe this process and the effects it had on care.

As of 16 September 2020, the Isle of Wight had recorded 446 confirmed cases of COVID-19 and 88 deaths as a result. Although these rates were significantly lower than in surrounding NHS Trusts, given the very high proportion of older people on the island, it was imperative to try and prevent a high \( R_0 \) rate from the outset. At the time, the \( R_0 \) rate of the island stood at 0.571.

Diabetes makes an individual more susceptible to adverse COVID-19 outcomes, including mortality (Barron et al, 2020; Holman et al, 2020). Furthermore, many of the risk factors for adverse COVID-19 outcomes are the same as those for diabetic foot ulcers and subsequent limb loss, including high HbA1c, BMI and reduced renal function. If a person with diabetes is unable to attend an urgent podiatry appointment, then the request for an emergency dressing would impact on the workload of the district nursing team, as podiatry are not commissioned to provide domiciliary care.

Historically, the Isle of Wight has had lower levels of diabetes-related amputation than its demographics would suggest. The directly standardised rate (DSR) for the island is 5.8 major amputations per 10 000 population-years, versus the English average of 8.2. This is despite the island’s high levels of deprivation and the demographic of a white, elderly population with one of the highest per capita rates of diabetes in the country. In 2019, the population of the Isle of Wight was 141 538, of whom 9565 had confirmed diabetes: a prevalence of 6.76%, the national average being 6%.

Rogers et al (2020) recognised that, during the pandemic, podiatrists would have to mobilise and adopt a shift away from hospital-based to community-based care. Their goal was to reduce the burden on the healthcare system by keeping diabetic foot and wound patients safe, functional and at home. Almost overnight, COVID-19 changed how district nursing and podiatry had to collaborate to enable this process.
Technology and developments

The opportunity to further develop the podiatry team on the Isle of Wight by embracing the changes necessitated by COVID-19 was a welcome prospect. Technology had previously been developed in conjunction with the Technology Enabled Care team manager, podiatrists and a set of willing district nursing team leads and nurses. The WHZAN telehealth system (WHZAN Digital Health, Ryde, Isle of Wight) allowed virtual consultation between podiatrists, nurses and their patients. Such technology enabled photographic records of wounds to be taken securely and in line with GDPR requirements, ensuring that the podiatry staff could see how wounds were developing or improving. The district nursing team could quickly refer patients whose feet had deteriorated for rapid triage and care. This technology was incorporated and increased confidence for staff working in a home environment rather than the usual clinical situation.

Why was this important? We were prepared for large numbers of deaths and, as with all areas, we knew that district nurses would likely be seconded to help with end-of-life care. A gap in provision thus existed, which the podiatry team was prepared to fill. This followed on from joint working where the district nurses had been trained by the head of podiatry and each locality was given a screening box for people with diabetes, to ensure that the NICE (2019) requirement for annual foot screening could be combined on a single visit and to avoid duplication.

The interim part of the 2019 NHS Long Term Plan supports the promotion and implementation of new ways of working to improve patient care (NHS, 2019). A collaborative care approach to complex DFU was discussed by Stanley and Turner (2004), where a podiatrist and a tissue viability nurse established new working relationships to deal with a particularly difficult case. Podiatrists primarily deal with wounds pertaining to the foot and ankle, and nurses (particularly district/community nurses) are experts in the field of leg dressings. In essence, approximately 8% of the whole district nursing workforce time is spent on venous leg ulcers, with 2.1 million visits annually (Leading Change, Adding Value Team, 2018). The extended scope of the podiatrist encompasses wound care, particularly in the management of DFU.

Up-skilling processes

COVID-19 provided the opportunity for the podiatry team to up-skill, to learn new models of care planning, and to encounter and work alongside the district nurses. There were barriers initially, both perceived and real. In hindsight, most of these barriers were in actuality perceived, as the podiatry team realised that applying compression stockings for leg ulcers and administering insulin and Clexane injections were skills that could be developed. The exchange of knowledge and expertise became learned behaviours for the team and were readily put into practice.

Podiatrists were trained to complete compression bandaging. The authors believed that this would not be too challenging as podiatrists are already skilled at completing ankle-brachial pressure index tests. Many podiatrists will be aware of the bandaged leg ulcer patients who attend for podiatry, and most will acknowledge that, at least once in their working life, they have avoided removing dressings to check the whole foot, as the nurse had done such a good job with leg compression that the podiatrist did not want, or even have the skills or dressings, to replicate the work. These are missed opportunities to look at vasculature, pressure areas on heels, skin vitality and general appearance. It was noted first-hand how the skills of the nurses in terms of leg ulcer dressings...
improved the venous return in ulcers that previously were static.

Previously, McIntosh and Ousey (2008) analysed data from a survey of podiatrists and nurses regarding offloading. Offloading is an established evidence-based strategy in the treatment of DFU (Armstrong et al, 2005) but, despite this, only 55% of nurses questioned would offload as a management option, while 100% of podiatrists would do this as standard procedure. During this initiative, the podiatry team suggested offloading, and the nurses watched the podiatry team debride and observed how removal of dead tissue to a healthy healing base was in some instances quicker and more effective than use of particular dressings.

The nursing team undertook joint visits with the podiatry service initially and then, as time progressed, there was an expansion of mutual understanding and a build-up of trust. The nursing team was peer-reviewing cases and ascertaining effective and beneficial opportunities for both team members.

Barriers to visiting
Initially, there were conceptual and perceptual barriers to visiting. The Isle of Wight podiatry team did not undertake domiciliary visits previously as it was not commissioned to do so; rather, patients attended clinics. There was also the spectre of COVID-19 and fear of spreading the infection. However, despite initial reservations, there was an expansion of mutual understanding and a build-up of trust. The nursing team was peer-reviewing cases and ascertaining effective and beneficial opportunities for both team members.

References


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