

# HAVE YOU HEARD OF FOOT FORWARD?

We spoke to Natalie Wischer, Foot Forward Project Director and Georgina Frank, podiatrist and Project Officer of a new national government initiative funded through the National Diabetes Services Scheme (NDSS) called Foot Forward.

## How does it work?

### The Foot Forward program aims to:

- Develop and deliver a range of new information, education and consumer activation material and activities. This will encourage early identification of foot problems by people with diabetes, earlier access to primary care services, and earlier referral for high-risk problems needing intervention to prevent amputation.
- Deliver education, up-skilling, training and support for health professionals, including podiatrists, to facilitate and promote regular assessment, and early and appropriate referral to interdisciplinary HRFS.

**How might this work in practice?** When a person's primary care doctor shows an interest in foot care and encourages regular checks, they would refer to podiatrists when required, or an up-skilled and engaged multidisciplinary health care team (HRFS) for rapid access.



## What is the Foot Forward program?

The Foot Forward program promotes early self-identification of foot problems for people with diabetes.

Its aim is two-fold: to prevent complications in people who have diabetes, and to promote earlier access to health professional services and High-Risk Foot Services (HRFS).

The bigger goal behind this is to support early identification, early referral, early and optimal treatment, and the prevention of diabetes-related foot problems and amputations.

This requires a two-pronged approach, targeting both people with diabetes and health care professionals, by drawing on evidence that shows the best health outcomes occur when people with diabetes are informed and empowered to self-manage their diabetes.

## How did Foot Forward come about?

The launch of the Australian National Diabetes Strategy 2016-2020 reflected on seven elements, one of which was to prevent diabetes-related complications, which obviously included amputation.

At the time we knew that better outcomes can come from increasing awareness and engagement with the person with diabetes, integration and communication between GPs and specialised foot services – however, anecdotal evidence and experiences of many people with diabetes showed that:

- Their GP does not ask about nor look at their feet
- There is no care plan that includes

“This program will impact on podiatrists across Australia, with positive opportunities likely to arise. Natalie and Georgina explain what Foot Forward is, and why it matters to podiatrists and their patients.”

regular checks of their feet

- There is no rapid referral arrangement with a high-risk foot service.

These knowledge gaps needed to be addressed uniformly and on a national scale, and this is where Foot Forward came into development.

Research also showed other concerning knowledge gaps, such as:

- Surveys showed a low level of awareness amongst people with diabetes about the risk of foot problems and amputations.
- The approach in the primary care system was not deemed adequate when it came to early identification and early treatment of foot problems for people with diabetes.
- Most people with diabetes were shown to not routinely have their feet checked by a health professional, with many primary care practitioners reluctant to either check or manage foot problems.

## How does Foot Forward work?

It is a national program funded by NDSS and administered by Diabetes Australia and the Australian Diabetes Society, which centres around online resources (via a web portal) for people with diabetes; but it's also for health professionals and health workers.

By targeting people with diabetes

and health professionals, it can help support the awareness of diabetes-related foot disease across the entire health profession, not just podiatrists for example, who already understand this challenge well. This whole-of-health-profession approach is critical in avoiding diabetes-related amputation.

## Why is this program different?

This is the first program to deliver these kinds of resources on a national scale simultaneously to two groups, being healthcare professionals and people with diabetes.

Some fantastic work has already been done in this space so this program is not looking to reinvent the wheel, but will build on existing resources and develop new content where gaps exist. The outcome will be a comprehensive suite of fit-for-purpose materials customised to the Australian market.

These materials will also be developed

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FEATURE



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in line with the latest international risk stratification guidelines, but within the Australian context.

### **How will this impact on podiatrists?**

Podiatrists may receive increased referrals from GPs, but also other healthcare professionals owing to raised awareness from Foot Forward.

Podiatrists are the experts in this field and best placed to provide a comprehensive diabetes foot assessment, treat pre-ulcerative lesions, and develop a foot care management plan which should be shared with the patient's health care team, such as their GP.

Podiatrists are also best placed to undertake regular structured foot care education to support patient self-care and address modifiable risks, such as appropriate footwear to reduce the risk of trauma due to ill-fitting footwear. Importantly, podiatrists are key in liaising with GPs and Interdisciplinary High Risk Foot Services regarding foot complications, such as a foot ulcer or Charcot; to ensure timely and appropriate treatment.

To this end, podiatrists should ensure

that they know of their local referral pathways for managing active diabetes-related foot disease, especially as there are new High Risk Foot Services starting up in many areas.

All of these developments mean that healthcare professionals will have a common language on what risk and diabetes foot health means.

Foot Forward also reinforces the role of podiatry in the care of people 'at-risk' of developing foot complications. This will be reflected in the education we deliver to health consumers, and ultimately help to support state and local health districts to deliver integrated foot care.

### **How can podiatrists become more involved?**

Our website is the best starting point to get involved, and its content will grow over the months ahead.

Since the Foot Forward program is largely about education, **footforward.org.au** will have learning modules for health professionals to use which are the same regardless of the state in which they practise.

For people with diabetes and their



## 840,000 DIABETES RELATED HOSPITAL ADMISSIONS



**320,000**  
HAD DIABETES WITH  
CARDIOVASCULAR  
AND/OR KIDNEY DISEASE



**4,400**  
DIABETES RELATED  
AMPUTATIONS



**3,500**  
PEOPLE WITH  
DIABETES ON  
DIALYSIS

carers, there will be advice on the website, so they know what to do and what to look out for in caring for their feet. The website will also encourage people with diabetes to get to know their local high risk foot clinic, and to understand the referral pathway options.

Podiatrists may consider alerting their patients to the website to support and reinforce the foot care education that they provide.

### **How are you collaborating with the Australian Podiatry Association on this program?**

Firstly, through articles like this one, to disseminate information about what we're doing and to raise that awareness amongst podiatrists across Australia.

We really want to make sure that podiatrists are aware of these new resources, so they're aware that if someone who has diabetes is sent to them, there are nationally-relevant resources to help the podiatrist if they haven't been trained in what to look for in someone with diabetes.

## What would you love podiatrists to share with their patients in general?

**"We would love podiatrists to share the following information with their patients if they don't already, to help close the circle on this education piece."**

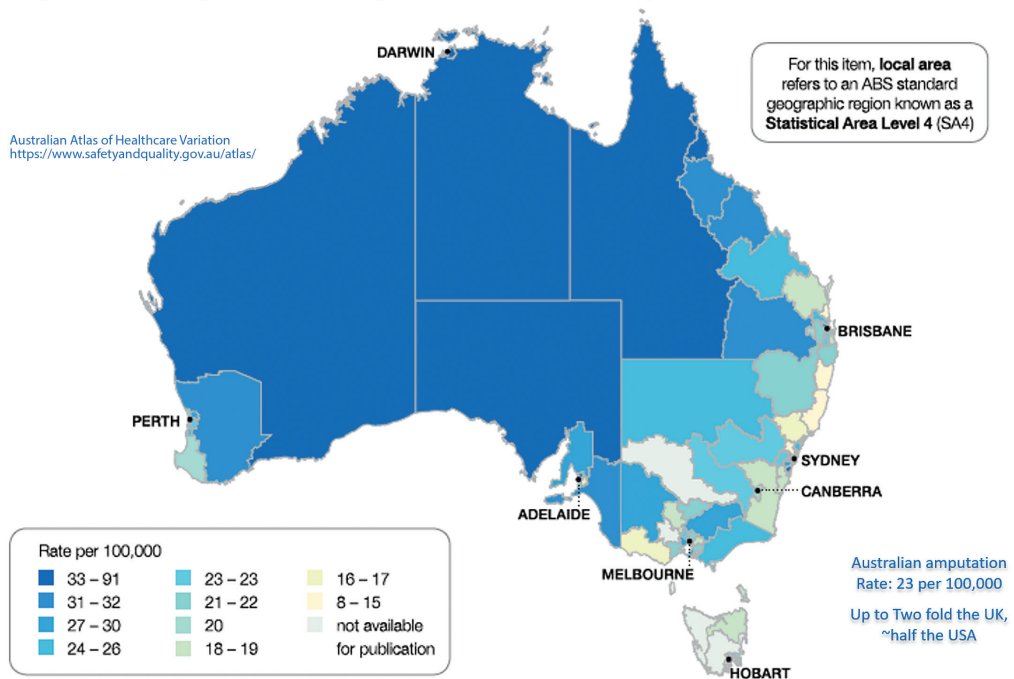
"We want all people with diabetes to be empowered through knowledge, so they can be their own advocate in the health system. For example, we need to remember that one in five people with diabetes will develop a foot ulcer. Yet with preventative care, where podiatrists are a key part of the puzzle, most will not develop an ulcer. If a foot ulcer does develop, 80 per cent of cases will heal with good quality interdisciplinary care, avoiding hospitalisation and surgery.

"Foot Forward is about empowering people with diabetes to take control of their foot health in partnership with their podiatrist and health care provider. So it's about sharing knowledge – such as tips and tricks for self-care and prevention – on how people can be aware of their foot health and what to look out for, and importantly, what to do if they suspect they may be developing an issue. If people are well informed and their health care providers are also proactive, we can achieve our goal of dramatically reducing the incidence of diabetes-related foot amputations in this country."

FEATURE

## Diabetes-related lower limb amputation hospital admissions 18 years and over

Number of diabetes-related lower limb amputation admissions to hospital per 100,000 people aged 18 years and over, age standardised, by local area, 2012-13



### What's next on the calendar for Foot Forward?

The website is soon to be launched, with an interactive quiz and learning modules, as well as resources for people with diabetes. Resources will be added over the coming months.

To find out more head to:  
**[footforward.org.au](http://footforward.org.au)**

Secondly, our collaboration with the Association is also about getting those links in place to lead that integration between primary care and tertiary care. We want to learn more about what podiatrists are feeling on the ground, given the diversity in perspectives across locations as well as public and private experiences. By working in partnership with the Australian Podiatry Association, we can better understand opportunities to address knowledge or resource gaps.

For example, if a podiatrist works in a suburban clinic and their patient presents with a foot ulcer, they would normally send the patient to a High Risk Foot Clinic. Yet when this situation is resolved, care passes back to the referring podiatrist for ongoing management.

This transition requires the support of the Australian Podiatry Association to ensure the right kind of resources are available to the podiatrist. This is where the Foot Forward program comes in. ■

### The burden of diabetes in Australia

