



26 January 2022

██████████  
Email: ██████████

Dear ██████████

### Official Information Act Request

Thank you for your request dated 22 December 2021 pursuant to the Official Information Act 1982. You have requested for Waikato DHB to provide information regarding diabetic foot services through completing the spreadsheet that was provided to us.

Please find the completed spreadsheet attached.

We hope this information assists in your research.

Waikato DHB supports the open disclosure of information to assist community understanding of how we are delivering publically funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'K Holdsworth'.

Kent Holdsworth

Acting Executive Director – Hospital and Community Services

Waikato District Health board



Diabetic Foot Services Available at YOUR DHB Waikato DHB	Is this service available/funded in your DHB? (Yes or No)	If this service is funded, for each foot risk 'category' how many sessions are funded per year per patient?	Who would qualify for each of the funded services based on NZSSD referral pathway for diabetic foot?	Who is able to refer? (e.g., GPs, community podiatrists, emergency departments, inpatient wards, diabetes nurse educators, outpatient clinics)	If available, what is the number of podiatrists employed/contracted in this position?	What is the total FTEs of diabetes podiatrists?	Of these, what is the number of Māori podiatrists and their total FTEs?
Does your DHB provide Kaupapa Māori foot protection services? [This is defined as a podiatry service for Māori that embodies Māori values and principles ]	No, we do not have a Kaupapa Māori foot protection specific programme, asking the PHOs directly if they do accommodate for Kaupapa Māori foot protection services.						
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]	Yes for High risk foot only- Hauraki, Pinnacle and National Health Coalition.	High risk foot only 4 appointments a year.	High risk foot.	GP/PN through BPAC so funding is captured appropriately.	Contracted private podiatrists.		
In-remission diabetic foot services [In-remission refers to a foot with previous amputation, previous ulceration or consolidated Charcot foot]	This is covered under the Secondary care service and PHO providers depending on how often the patient needs to be reviewed.	N/A	High risk and active foot.	Any health professional for secondary based services, as above for the PHO funding.	4.5 Podiatrists secondary care.	4.5	0
High risk diabetic foot clinics [Accepts patients with active diabetic foot problems such as ulceration, infection, critical limb ischaemia, suspected Charcot foot]	This is covered under the Secondary care service, not the PHO diabetes podiatry programme.	NA	High risk foot and active foot patients.	Any health professional for secondary based services.	4.5 Podiatrists secondary care.	4.5	0
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]	Yes, weekly on Thursday all morning in the Diabetes service - diabetes physician, Diabetes registrar, 2 Diabetes RN, 4 Podiatrists, Vascular surgeon, orthotist, Dietitian.	NA	High risk and active foot patients.	Any health professional for secondary based services.	NA	NA	NA
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]	No designated charcot clinic, they are either treated in the MDT clinic depending on their HBA1c and severe Charcot are treated in Orthopaedics.	NA	NA	As above.	NA	NA	NA
Hyperbaric oxygen therapy	No access and is not used.	NA	NA	NA	NA	NA	NA
Vascular services for diabetic foot disease	Followed up at Waikato Hospital or in our MDT clinic.	NA	NA	NA	NA	NA	NA
Revascularization	Yes	NA	NA	NA	NA	NA	NA
Lower Limb Amputation	Yes	NA	NA	NA	NA	NA	NA
OTHER							
	Number of non-podiatrists working in diabetic foot or wound care?	High Risk MDT Clinic: Nurse x 1, Dietitian x 1, Diabetes/Endocrinologist x 1, Vascular registrar or consultant x 1, orthotist x 1	Comments	NA			
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]	N/A			NA	NA	NA	NA

Diabetic Foot Services Available at YOUR DHB Waikato DHB	Are off-loading services provided in this setting (e.g., medical grade footwear, orthotics, casts, removable casts, etc)?	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).	How often are the MDT Diabetic Foot Clinics held (e.g., weekly, fortnightly, etc)?	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)?	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
Does your DHB provide Kaupapa Māori foot protection services? [This is defined as a podiatry service for Māori that embodies Māori values and principles ]	NA	NA	NA	NA	NA
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)	Yes	NA	NA	NA	NA
In-remission diabetic foot services [In-remission refers to a foot with previous amputation, previous ulceration or consolidated Charcot foot]	Yes	NA	NA	NA	NA
High risk diabetic foot clinics [Accepts patients with active diabetic foot problems such as ulceration, infection, critical limb ischaemia, suspected Charcot foot]	Yes	NA	NA	NA	NA
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]	NA	Diabetes physician, diabetes registrar, vascular surgeon, podiatrist, orthotist, and dietitian.	Weekly every Thursday morning.	NA	NA
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]	NA	As above.	As above.	NA	NA
Hyperbaric oxygen therapy	NA	NA	NA	NA	NA
Vascular services for diabetic foot disease	NA	NA	NA	NA	NA
Revascularization	NA	NA	NA	Waikato DHB, Podiatrist, OT, Physio, and Orthotist.	NA
Lower Limb Amputation	NA	NA	NA	NA	Waikato DHB, Podiatrist, DHB/NZALS, OT, Physio, and DHB/NZALS.
OTHER					
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]	NA	NA	NA	NA	NA

Diabetic Foot Services Available at YOUR DHB Waikato DHB	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?	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?	Any further comments/suggestions related to the Diabetic Foot Services at your DHB
Does your DHB provide <b>Kaupapa Māori foot protection services</b> ? [This is defined as a podiatry service for Māori that embodies Māori values and principles]	NA		
<b>Funded Community podiatry services</b> [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]	NA	No funded community podiatry services as this is managed by private podiatrists who were not permitted to work during level 4 and level 3. If people needed to be seen urgently some private podiatrists saw them or referred them into our Secondary care service.	
<b>In-remission diabetic foot services</b> [in-remission refers to a foot with previous amputation, previous ulceration or consolidated Charcot foot]	NA	Yes for those patients under the secondary care service, minimal impact on our acute load, telephone consults for those not acute.	
<b>High risk diabetic foot clinics</b> [Accepts patients with active diabetic foot problems such as ulceration, infection, critical limb ischaemia, suspected Charcot foot]	NA	Yes as these patients are under the secondary care service, minimal impact for our acute patient load, telephone consults for those not acute.	
<b>Specialist Multidisciplinary Team Diabetic Foot (MDTDF) clinics</b> [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]	NA	As above.	
<b>Designated Charcot foot clinics</b> [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]	NA	If Acute Charcot they were reviewed.	
<b>Hyperbaric oxygen therapy</b>	NO	N/A	
<b>Vascular services for diabetic foot disease</b>	NA	Yes	
Revascularization	NA	Yes	
Lower Limb Amputation	NA	Yes	
<b>OTHER</b>			
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]	NA		

