

Community Podiatry Service

South East and South West Essex

Who are we?

We are a community-based service that specialises in the foot and lower limb. We are part of the allied health professions. Our service area covers south east and south west Essex, with clinics running from Southend/Rochford to South Ockendon.

We have strong links with the diabetic foot clinic in Basildon as we treat a growing number of diabetic foot ulcerations.

We can offer both 'off the shelf' and bespoke insoles for patients experiencing foot pain, as a preventative measure for foot ulcerations and other mechanical problems. We are able to perform nail surgery in a community setting under local anaesthesia.

What do we do?

- foot ulcer care: sharp debridement, dressing, offloading, onward referrals where necessary (diabetic and non-diabetic foot ulcerations: **see criteria for more details**)
- charcot arthropathy
- pathological nail care
- corns and callus for at-risk patients
- nail surgery under local anaesthesia
- biomechanics

Please note that we **do not** treat patients with non-pathological nails, verrucae, and we do not issue shoes. We are not a service for simple undertaking diabetic annual reviews and we are unable to treat neuropathy or neuropathic pain.

Criteria for referral

Routine (Pathological nails, corns, calluses and ulceration)

- people over 12 years of age who have diabetes
- corns (soft, hard, seed, neurovascular)
- some dermatological conditions
- pathological nails (e.g. gryphotic, onychauxis, psoriatic, severe involution, ingrown)
- people of any age who have a systemic medical condition which may render their limbs at risk (e.g. diabetes, inflammatory arthritis, immunosuppressed, PAD, PVD, neurological problems)

Biomechanics

Please note that these lists of criteria for referral are not exhaustive. Patients may be seen where specific concerns not listed below have been highlighted and are considered appropriate.

Paediatric criteria (over 12 years of age):

- skeletal developmental assessment
- symptomatic
- positive family history of symptoms into adulthood
- flexible pes planus
- suspected pathology
- asymmetry in foot shape or range of motion
- abnormal gait for age of child
- significant metatarsus adductus
- serpentine foot shaped pronation

Adult criteria:

Forefoot:

- plantar metatarsalgia
- sesamoiditis
- Plantar bursitis
- symptomatic PM corn/callus
- stress fracture healed and symptomatic

Rear foot:

- heel pain
- achilles tendonitis with pronation
- medial of lateral sub-talar joint pain
- anterior ankle pain
- retro-calcaneal pain
- tibialis posterior dysfunction/pain
- peroneal muscle/tendon pain

Mid foot:

- mid tarsal joint OA with pronation
- medial longitudinal arch pain
- medial column of the foot pain
- base of fifth metatarsal pain
- lateral plantar foot pain

***Post ulceration for any of the above areas of the foot.**

Other parts of the body:

- anterior, medial or lateral knee pain with walking and poor gait
- mechanical lower back pain exacerbated with ambulation

Nail surgery under local anaesthetic

Patients in the following categories may not be suitable for surgery under phenol:

- patients taking warfarin or new anticoagulants
- patients suffering from valvular disease of the heart
- patients with gross oedema of the limbs
- Patients who have had an MI in the past year
- patients allergic to local anaesthetics
- patients with a phobia of needles
- patients on long-term steroid treatment
- patients undergoing chemotherapy or radiotherapy
- patients with poorly-controlled DM HbA1c over 64mmol
- patients in first trimester of pregnancy
- patients who are pregnant or breastfeeding (unsuitable for phenolisation)
- patients with history of foot ulcers/impaired wound healing
- patients with peripheral vascular disease
- patients with autoimmune disorders
- patients taking medications for rheumatoid arthritis
- patients taking cytokine inhibitors
- patients taking oral retinoids
- patients who are on immunosuppressant medications or who are immunosuppressed
- patients taking anti-rejection drugs following a transplant
- patients who are unable to transfer onto the couch unassisted or without a hoist
- children under 12 are unlikely to be suitable for nail surgery under local anaesthetic

If a patient is housebound/immobile or doesn't meet the above criteria they will need to be referred to orthopaedics for surgery.

How to make a referral

Any health professional or team can make a referral to our service.

Please complete our **podiatry services application for assessment** which can be found on SystemOne.

Please ensure the patient's medical history and medication are completed in full. You should include a full, specific description of what the referral is for. If the form is not fully completed or does not include sufficient detail it will be returned.

Once completed the form can be submitted via post, email, or SystemOne.

By post

The Podiatry Appointments Office
Essex Partnership University NHS Foundation Trust
Ashingdon House
Rochford Hospital
Union Lane
Rochford
Essex
SS4 1RB

By email

epunft.southeastpodiatry@nhs.net

Give us a call

01375 364 645

Please attach a photograph to referrals for an ingrown toenail.

E-referrals submitted via SystemOne must contain full medical history, medication list and full description of podiatric problem. Please ensure shared care is in place as we cannot see patients' information otherwise.

Any patient accepted into the service for treatment must have an assessed clinical podiatric need. Home visits are for bedbound and housebound patients only and need must be specified upon referral.