It’s Time to Bridge the Gap in Foot Care Provision for Haemodialysis Patients: A Network Wide Service Evaluation

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Introduction

Diabetic haemodialysis patients face an increased risk of severe foot complications and require a holistic and integrated specialist foot care approach. It is observed that newly referred patients to the acute hospital (Hub) often present with severe foot infection and require urgent escalation of care.

This study aimed to:

- Identify the scale of the at-risk group
- Evaluate the provision of diabetic foot care across our dialysis network in South East London
- Recognise the service gaps between acute and community settings

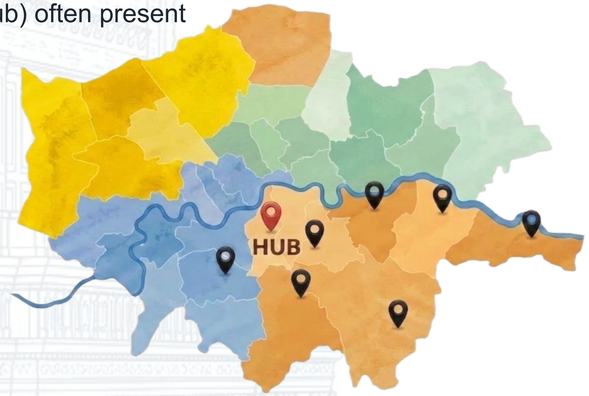

Fig 1. Map of London. Hub (Red) and satellites (Black) dialysis units in South East London

Method

Study Design: Retrospective review of the haemodialysis cohort under King's College Hospital Trust

Clinical Settings: Dialysis unit at King’s College Hospital (Hub) and 8 satellite (community) units

Study Period: April 2024 – December 2025 (20 months)

Data Extraction: Patient demographics, diabetes status and prevalence of foot ulcers were extracted via the electronic record system.

Service Provision Survey: Questionnaires were administered to the podiatry leads to evaluate foot service.

TOTAL COHORT 1031 Haemodialysis Patients

DEMOGRAPHICS 62% Male, 66 Mean Age

HUB COHORT 204 — 19.8% of total cohort

DIABETES 473 — 45.9 % of total cohort

FOOT ULCERS 109 — 23% of diabetes cohort

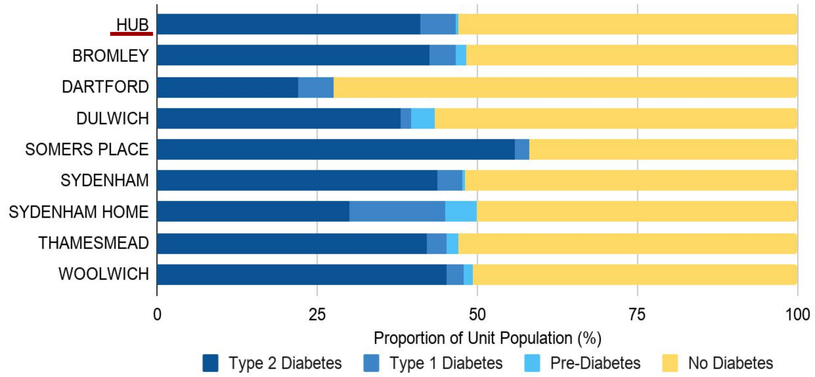

Fig 2. Distribution of diabetes population across dialysis units

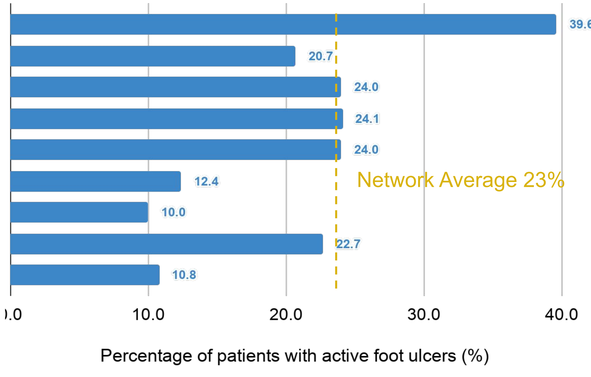

Fig 3. Prevalence of foot ulcers across the units

	Main Hub	Satellite Dialysis Units
Podiatry Review Frequency	**1–2 times weekly** Regular proactive review	**No Standard Review**
Multidisciplinary Team (MDT) Integration	**Immediate Access** Diabetes, Renal, Micro, Vascular & Orthopedic team	**Designated MDT appointment slot** With **NO** Renal involvement
Specialist Meetings	**Twice-Monthly Meetings**	**Absent (X)** *‘Would like more involvement in MDT’* *“More support for complex cases’*
Active Foot Screening & Prevention Programme	**Absent (X)**	**Absent (X)**

Table1. Key Points from Foot Service Provision Survey

Summary

The Disparity of Care is Clear
despite satellite units having a comparable and complex diabetic dialysis cohort.

Bridging the Gap
Immediate need to invest dedicated specialist resources in MDT and build structured pathways for satellite units.

Proactive foot screening and prevention programme might reduce complications, enhance outcomes and lower overall healthcare costs.