Annexe C

The following were among the points made during discussion:

- Much improvement was required in Chiropody services in North Yorkshire and elsewhere. Waiting times were extreme.

- Concern was expressed that reorganisations of vascular and other rehabilitation teams, at a time when diabetic patient numbers were on the increase, could prove problematic and lead to a reduction of specialist experience/skill mix and reduced funding. It was commented that these services were not being managed appropriately at present. There was an ever increasing pressure to re-organise these services into larger units with high technical interventional centres; which would require the approval and support of Commissioners, Vascular Surgeons and Orthopaedic Surgeons.

- Pathways of coronary/stroke, vascular disease and diabetes could all result in amputation and it was therefore imperative to work in teams, to move into secondary care and to have it recognised that good medical treatment and rehabilitation services were vital.

- Rather than waiting for an ulcer to present, primary care teams should be pro-active rather than reactive and should be raising awareness among all diabetic patients of the complications/consequences of diabetes. Early identification of patients, who may become susceptible to diabetes/disease, and referral to a team best suited to the patient, would prevent/alleviate eventual surgical intervention.

- From the viewpoint of the Podiatrist, how was progress with reorganisation of services feasible, given current reductions in funding alongside fast tracking of services for diabetics? It was suggested that by raising awareness and utilisation of the services available, reducing the number of amputations undertaken and by ensuring that appropriate training was given, savings would be made.

- Current resources were not being used to their full potential, and therefore the design of a better pathway to treatment was essential, for immediate access to rapid treatment.