<b>Level of risk</b> Total pop. 11,854	Setting of Care	Planned improvement	Benefits
Low risk 70% of the diabetes population (Approx. 8,000)	Primary Care	<ul> <li>Improved quality of annual foot check</li> <li>Consistent foot care scoring of risk</li> <li>Better provision of education leaflets to raise awareness</li> <li>Improved signposting to services in the community</li> </ul>	<ul> <li>Better patient awareness and improved self-management for those at low risk to maintain status to prevent developing complications</li> <li>Improved management in primary care, through education, training</li> </ul>
Medium to high risk Medium risk 20% (Approx. 2,500) High risk 5% (Approx. 500)	Community Diabetes Foot Protection team (DFPT) within Podiatry service	<ul> <li>Improved management of those at medium to high risk by the DFPT with regular review, assessment and management.</li> <li>Onward referral to new MDT and combined foot care clinics</li> <li>Improved advice and guidance to primary care</li> <li>Better focus on education for patients</li> </ul>	<ul> <li>Improved access, more responsive and timely care</li> <li>Improved patient satisfaction</li> <li>Prevention of foot disease</li> <li>Improved management of ulceration by the foot protection team to prevent further complications</li> </ul>
Acute (active) Foot Disease and Ulceration 5% of the diabetes population (Approx. 600)	Acute Multi- disciplinary team (MDT and Combined clinics) With access to podiatrists, diabetologist, vascular surgery, tissue viability nursing, orthopaedic surgery, orthotics, diabetic specialist nursing, radiology, microbiology)	<ul> <li>Dedicated specialist provision for those with active foot disease</li> <li>Joint working with community DFPT</li> <li>More effective use of resources</li> </ul>	<ul> <li>Reduction in unplanned and emergency admissions</li> <li>A move towards improved patient experience and outcomes through more planned admissions</li> </ul>