

Key Takeaways – Leg Ulcers and Virtual Foot Hubs

Community Foot Care Hubs across Western Queensland aim to address the gap in outcomes for Queenslanders with Diabetic Foot Disease (DFD) through increasing access to multidisciplinary foot care, closer to home in partnership with local healthcare providers.

Supporting WQHealthPathway:

[Diabetic Neuropathy - Community HealthPathways Western Queensland](#)

SME

Advanced Podiatrists Leigh Ryan, Caitlin Leech and Meegan Nevin.

What are the top things you wish GPs knew about your specialty?

- **Access to a multidisciplinary team:** Foot Hubs have regular access to a range of specialists in vascular, endocrinology, infectious disease, psychology, diabetes, dietetics, social work and podiatry.
- **Importance of neurovascular assessments:** early, routine screening is a “game changer” for identifying high-risk patients and improving referral quality.
- **How to dress diabetic foot and leg ulcers:** dressing techniques differ significantly from other body sites.

Are there any early warning signs or red flags GPs should never miss in your area?

- **Neurovascular screening at diabetes diagnosis:** early baseline helps track deterioration.
- **Toe pressure testing is key:** quick (10 min), highly informative vascular assessment.
- **Red, hot, swollen foot:** could signal Charcot neuropathy, fracture, DVT, or infection and requires urgent specialist input.

What is a common misconception or issue with patient referrals?

- **Podiatrists are not just for toenails and corns:** Foot Hubs play a central role in wound and ulcer management.
- **Red, hot, swollen feet:** often overlooked but are firmly within podiatry/foot hub scope.
- **Time pressures:** some podiatrists in primary care settings may not complete full neuropathy or vascular assessments due to time/resource pressures.

Can you describe a recent case where strong GP input made a difference?

- **Ingham GP practice:** collaboration with the Foot Hub on a long-standing leg ulcer case (4–5 years of recurrence) led to drastic healing. Through shared knowledge and simple dressing changes, the patient's ulcer healed and has remained healed for over a year. This was achieved by improved GP, nurse, and patient understanding of wound care, shifting local expectations and outcomes.

Any emerging tools or treatments GPs should know about?

- **Toe pressure machines:** they are underrated and more reliable than ABI/AVPI in diabetic foot assessments.
- **Naviware telehealth headsets:** hands-free, remote-controlled visual assessments to support GP clinics with telehealth visits.
- **Surgical allograft dressings:** Biofix 100 Feet Project is trialing use in chronic diabetic foot ulcers across QLD.
- **Hospital-supplied dressing kits:** Foot Hubs send dressings directly to GPs, nurses, or patients to reduce cost barriers in community care.

What would better GP-Specialist collaboration look like in Western QLD?

- **Early recognition and referral:** GPs engaging Foot Hub services at the first signs of vascular/neuropathy changes.
- **Joint MDT clinics:** GPs/nurses/patients participating in Thursday virtual MDTs with vascular, infectious disease, psychology, and podiatry teams.
- **Strong community partnerships:** linking beyond Qld Health into GP clinics, NGOs, Aboriginal health services and residential aged care.
- **Flexible referral pathways:** phone, email, or formal referral all accepted to reduce barriers.
- **Face-to-face outreach** – periodic visits to Mount Isa, Normanton, Doomadgee, Mornington, etc., alongside telehealth to build trust and local capacity.

More information

Visit our [WQ HealthPathways High Risk Foot Assessment Page](#) for more information or send a referral directly to:

- NWHHS: foothub-north@health.qld.gov.au
- CWHHS: foothub-central@health.qld.gov.au
- SWHHS: foothub-south@health.qld.gov.au