



Title/Subject: Podiatry Services Redesign
Meeting: Integration Joint Board
Date: 16 June 2017
Submitted By: General Manager – Surgical Directorate
Action: For Decision/Noting

1. INTRODUCTION

The Scottish Government recognises that NHS podiatrists should not be providing basic footcare and supported this by the development of the Personal Footcare Guidance in 2013. To meet this guidance NHS Forth Valley has developed plans to redesign local podiatry services to:

- 1.1 Fully implement the recommendations set out in the Scottish Government's Personal Footcare Guidance (www.knowledge.scot.nhs.uk/home/portals-and-topics/personal-footcare.aspx). Locally, the podiatry service has partly implemented the guidance and has now reached a stage where full implementation is possible.
- 1.2 Ensure clinical podiatry resources are focussed on patients with more serious foot problems who will benefit most from treatment. Patients with diabetes who have a medium or high risk foot score index will continue to be a priority. All low risk patients with diabetes have an annual foot screen undertaken by their GP practice and automatically referred to podiatry if their foot score index changes.
- 1.3 Make best use of the skills and experience of podiatry staff and ensure they have the opportunity to develop their skills.
- 1.4 Redirect patients who are assessed as being 'low risk' and in receipt of basic footcare who could have their personal care needs safely provided by themselves, a carer or someone trained in personal footcare (including local volunteers who already provide this service to patients in a number of areas within Forth Valley)
- 1.5 The Podiatry Service has 26 wte for a total Forth Valley wide caseload of 18,000 patients (this includes clinics, domiciliary, care homes, prisons and acute wards). There are 599 patients from an outpatient clinic caseload of 6,000 in the Falkirk Partnership area who are assessed as being 'low risk' and in receipt of basic footcare who could have their personal care needs safely provided by themselves, a carer or someone trained in personal footcare. The podiatry service is accessed by children and adults of all ages from 2 years to people over 100 years of age. The people affected by the implementation of the personal footcare guidance will be adults.

2. RECOMMENDATION

The Integration Joint Board is asked to:

- 2.1 agree the proposed service redesign as detailed in section 4 of this report subject to the outcome of the proposed pilot and patient feedback.

3. BACKGROUND

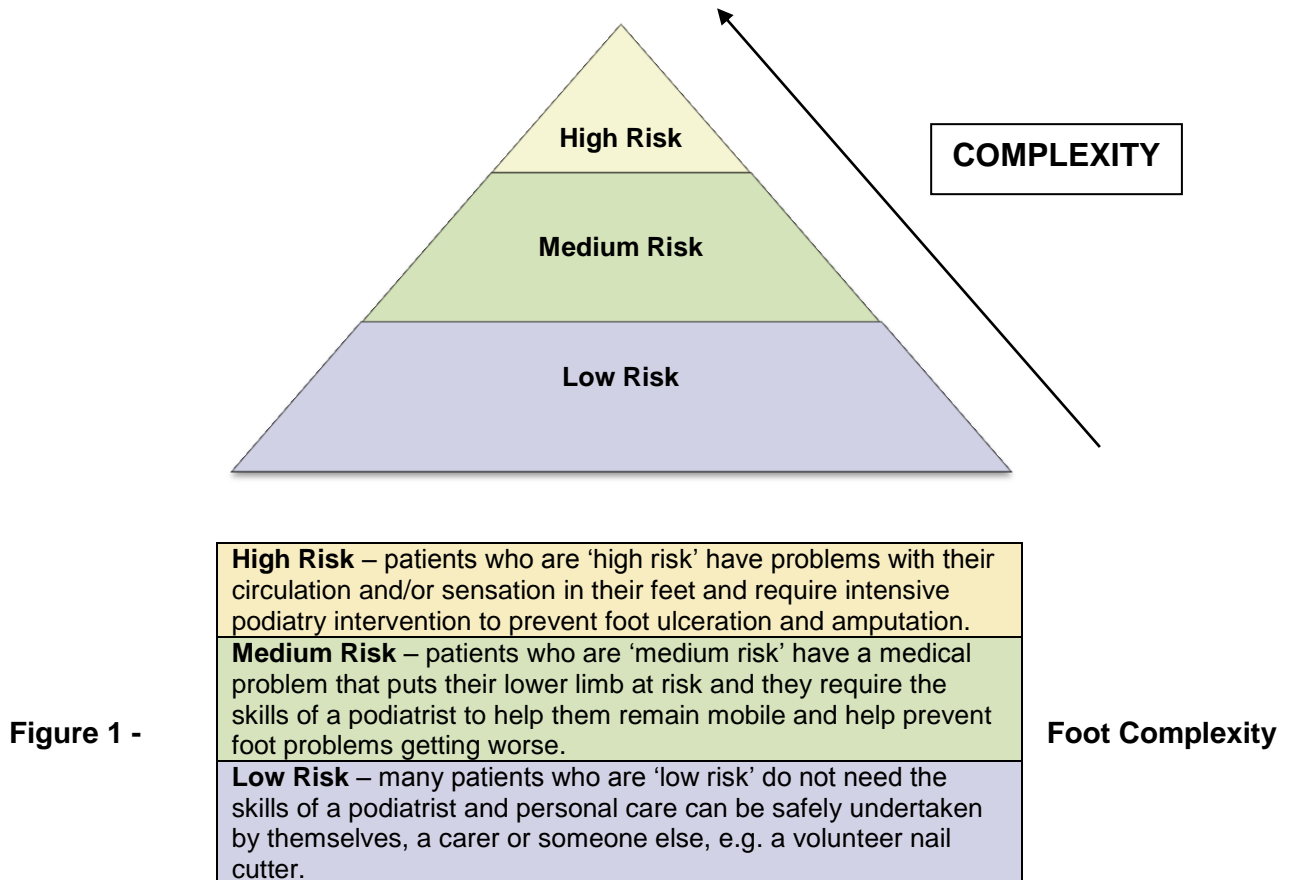
- 3.1 In 2004, following a significant redesign of the service which had extensive patient involvement, new access criteria was piloted (new patients only) and feedback from patients, staff and other key stakeholders was positive. However it was decided not to alter the level of service provided to current patients and as a result the new criteria were applied to all new patients only.
- 3.2 In September 2013 the Scottish Government recognised that it was not the responsibility of the NHS to provide basic footcare and Personal Footcare Guidance was created in partnership by representatives from various organisations. ([Personal Footcare - The Knowledge Network: Scotland's source of knowledge for health and care](#)) Locally the podiatry service had been working with Age UK and a small nail cutting service was in place. Age UK did not have the capacity or the infrastructure to expand and in 2014 the service transferred to CVS Falkirk and 'Top Toes' was launched.
- 3.3 'Top Toes' provides a service across the Falkirk Partnership area. Volunteer nail cutters are recruited by CVS Falkirk and basic footcare training is provided to them by the podiatry service. Top Toes is a voluntary service, provided free of charge (there is a suggested donation of £10 for clients who are able to make a contribution to cover basic costs). There are also independent providers in the area which include seven private podiatrists who offer toenail cutting services.

Forth Valley Top Toes is now successfully funded solely on the income derived from people attending; it receives no grant funding from anywhere. It is dependent on the provision of premises and volunteer training from NHSFV and this partnership approach will continue. Discussions have taken place with Top Toes who have indicated that they have capacity to provide the service required. The service has developed a sustainable model which can be expanded to meet the additional demands from the podiatry discharge programme.

- 3.4 Podiatrist have stopped providing the toe-nail cutting service for new referrals of low-risk patients in 2004. This gives confidence that the service can be provided as described by Top Toes.
- 3.5 It is recognised that some patients may have concerns about being redirected to alternative services, especially those who have been receiving basic footcare from the NHS for many years. It is therefore recommended that a small pilot is undertaken to identify feedback from patients required for full implementation.

4. CASE FOR CHANGE

- 4.1 All health boards are required to implement the guidance and several have already implemented it in full - NHS Ayrshire & Arran, Greater Glasgow & Clyde, NHS Fife and NHS Lanarkshire.
- 4.2 NHS Forth Valley is now able to complete its implementation due refreshed evidence based podiatry clinical pathways which ensure patients are placed on the correct treatment pathway.
- 4.3 Continuing to provide treatment to patients who require basic footcare is an inappropriate use of podiatry skills and resource.
- 4.4 Podiatrists are able to help people maintain mobility and prevent and delay foot and leg amputation. Podiatrists also play an important role in the prevention of wider health issues such as promoting smoking cessation and falls prevention. In addition they 'enable others' to provide personal footcare and provide training to all care homes and are currently rolling out a programme across the prison services. Further implementation of the personal footcare criteria will ensure clinical skills are used more effectively and targeted to those patients who clinically benefit the most from podiatry intervention (see figure 1).



5. CONCLUSIONS

Implementation of the criteria will provide a more equitable service and enable those patients who need regular podiatry intervention to receive it. For those patients who will be discharged from the service there are alternative solutions for the provision of basic footcare. As caseload complexity increases over the coming years the service needs to focus on 'enabling others' to provide their own or others care for less complex conditions.

Resource Implications

The implementation of the national personal footcare guidance is required to ensure resources are most effectively used. Implementation will result in savings of around £43,013 (Forth Valley wide) through a reduction in staffing of 1.03wte which would be achieved within the 2017/18 financial year.

Impact on IJB Outcomes and Priorities

The proposal is in line with both the vision of the Falkirk Integrated Strategic Plan 2016-2019 and NHS Forth Valley's Shaping the Future Strategy 2016-2021. Full Implementation of the Scottish Government's Personal Footcare Guidance will encourage patients to self manage where possible and remain independent. This proposal also ensures that resources are used effectively and efficiently in the provision of health care services.

Legal & Risk Implications

It is recognised that some patients may have concerns about being redirected to alternative services, especially those who have been receiving basic footcare from the NHS for many years. It is therefore recommended that a small pilot is undertaken to identify feedback from patients prior to full implementation.

Without taking this action there is a risk that:

- NHS Forth Valley will not comply fully with the Scottish Government guidance which has already been implemented in a number of Boards across Scotland.
- Caseloads will increase leading to longer waiting times which could impact on the health of patients with medium and high risk footcare issues.

Consultation

Claire Pickthall, AHP Manager Outpatient Services, has drafted this paper. It has been shared and discussed with NHS Forth Valley's Senior Operational Management Group.

Podiatry staff have been integral to the development of the refreshed clinical pathways and are supportive of this proposal. The service also plans to hold a

stakeholder event to engage with service users and other key stakeholders affected by the roll out of the national guidance across all areas of Forth Valley.

Equalities Assessment

NHS Forth Valley Standard Equality Impact Assessment has been completed and is attached (appendix 1)

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Date: 5 June 2017

List of Background Papers:

Personal Footcare Guidance, Scottish Government 2013