

# Gloucestershire Local Involvement Network (LINK)

## Podiatry Task Group Report 2009 - 2010



*“Gloucestershire LINK will help influence,  
improve or change the way local health and  
social care services are planned and delivered”*

# Contents

<b>Introduction</b>	<b>Page 3</b>
<b>Membership of the group</b>	<b>Page 4</b>
<b>Identification of areas where there are problems</b>	<b>Page 4</b>
<b>Main areas of concern</b>	<b>Page 4</b>
<b>1. General footcare</b>	<b>Page 5</b>
<b>2. Diabetes footcare treatment</b>	<b>Page 7</b>
<b>3. The uncertainty surrounding appointments for Podiatry Services</b>	<b>Page 8</b>
<b>4. Hospital services</b>	<b>Page 10</b>
<b>5. Publications</b>	<b>Page 11</b>
<b>Acknowledgements</b>	<b>Page 13</b>
<b>Appendices</b>	<b>Page 15</b>

The Conclusions and Recommendations for this report are provided in boxes throughout the report at the end of each section, on pages 6, 7, 8, 9, 10 & 11

## Introduction

The role of Gloucestershire LINK is to act as a 'network of networks', listening to and gathering the views of the public on health and social care services and passing them on to the commissioners and providers in the county. It does this using a variety of communication and engagement methods including holding regular public events.

The views gathered from the public in 2008/2009 (*see Appendix 1*) formed the basis of a number of discussion groups at the Gloucestershire LINK members' event in September 2009. This event helped to determine the priorities in the 2009/10 LINK work plan. The Link Stewardship Board agreed that one of the priorities should be a review of the access to podiatry services. Interested members of Gloucestershire LINK were invited to join a Task Group, which held its first meeting in January 2010.

The Terms of Reference for the group were set and agreed by the Stewardship Board of the Gloucestershire LINK (*see Appendix 2*)

The aim of the group was to review the patient experiences of Access to Podiatry services in Gloucestershire and to make recommendations to improve the patient experience to the providers and commissioners of health and social care services.

The objectives of the group were:

- To review the relevant policies and procedures of all the providers of the podiatry Services in Gloucestershire
- To review the literature for national policies on podiatry
- To identify where problems have been encountered
- To identify areas for change and improvement
- Identify services available in people's homes in Gloucestershire
- To submit a report to the LINK Stewardship Board for onward transmission to the commissioners, providers and regulators

## **Membership of the group**

The group was chaired by Peter Mannion, a member of the Gloucestershire LINK Stewardship Board (*see Appendix 3*)

A number of the members had personal experience of using the podiatry services over a period of years.

The group determined that footcare included basic footcare and largely nail cutting whereas podiatry services comprise clinical treatments of foot ailments of a general nature.

Footcare is shown as an essential part of the Podiatry “*Spectrum of Care*” (*see Appendix 4*).

Further information on Podiatry in Gloucestershire was obtained from the NHS Gloucestershire website (*see Appendix 5*).

## **Identification of areas where there are problems**

Further meetings took place on 8<sup>th</sup> January 2010, 24<sup>th</sup> February, 29<sup>th</sup> March, 27<sup>th</sup> April, 19<sup>th</sup> May 2010 and 20<sup>th</sup> July 2010 when five areas of concern were identified and investigated.

The group appreciated the presence of Dr Chris Boden, Head of Musculoskeletal Clinical Assessment and Treatment (MSKCAT) Service & Gloucestershire Podiatry Services and Iain Cockley-Adams, Podiatry Services Business Manager at the meeting on 29<sup>th</sup> March when a lively question and answer session took place which enabled the group to gain a further understanding of the current systems.

As a matter of courtesy, notes of the meeting were forwarded to Dr Boden and Mr Cockley-Adams who then provided a written response to the questions raised which appeared in some cases, to expand on the answers given and in other instances, to differentiate in part from the original answers.

## **Main areas of concern**

It was identified that there were five main areas of concern:

- 1. General footcare**
- 2. Diabetes footcare treatment**
- 3. The uncertainty surrounding appointments for Podiatry Services**
- 4. Hospital services**
- 5. Publications**

## 1. General footcare

The term footcare includes toenail cutting, skincare, footwear advice and prevention advice, a set of tasks that a healthy adult, whatever their age, would normally do for themselves. When this becomes difficult for an older person to do for themselves, their family, friends or carers may choose to do it for them.

Footcare is apparently separate from Podiatry but nevertheless inextricably linked as the gateway to Podiatry. The members of the task group noted the Department of Health Best Practice Guidance "*Footcare*" (Gateway reference 12006 published 22<sup>nd</sup> July 2009), which placed certain responsibilities on commissioners of health service to provide basic simple footcare especially to the elderly and vulnerable. The document sets out in general terms the importance of basic footcare and gives guidance to Commissioners on its provision.

The group commends this publication to the local Commissioners and would draw their attention to the following:

**Page 5:** mentions footcare as an important service but states there is a lack of provision that is the subject of many complaints and needs to be rectified

**Page 14:** states that commissioners will need to build a diverse provider market that can respond to identified local needs

**Page 18 and 19:** give advice on the commissioning of strategic planning and the competencies required to deliver footcare services

**Page 21:** outlines the commissioner's role to stimulate a diverse range of services and secure them in affordable and sustainable contractual arrangements. Developing footcare services should not be at the expense of a reduction in existing podiatry services.

**Page 22:** states inter alia that there is a strong case for practice based commissioning to ensure that a wide range of community based footcare services exist

**Page 24:** states there is a need to promote further research into footcare services

It appeared to the members that Gloucestershire was singularly lacking in the provision of the services described in the document. The document referred to a scheme operating in Camden (London) which was decidedly similar to the scheme formerly operated in certain parts of Gloucestershire by Age Concern Gloucestershire (now Age UK Gloucestershire), "*In Step*". This service was regrettably forced to close in January 2010 for a number of factors:

- Some potential service users are not able to attend clinics
- Less accessible for users of public transport
- Problem with cost for some users
- Apparent resistance from GP surgeries and PCT to having clinics on their premises
- Lack of referrals particularly from Podiatry Services, meant clinics were not full
- A significant proportion of service users were assessed as unsuitable for treatment and required onward referral to podiatry services

The only remaining service within the county is the "*Best Foot Forward Scheme*" which only applies to limited parts of the County, Cheltenham/Tewkesbury and Gloucester/Forest of Dean. A report from Iain Cockley-Adams, Podiatry Services Business Manager, suggests that this scheme provides basic foot care as a preventative measure and a means of providing self assurance especially to the elderly for whom comfort and mobility is essential (**see Appendix 6**)

In "*Personal Toe Nail Care All You Need To Know*", produced by Gloucestershire Podiatry Services 1<sup>st</sup> April 2009 (**see Appendix 7**), the task group notes that domiciliary care assistants are given advice on simple footcare guidelines e.g., washing and drying of feet and general advice re dealing with hard skin, footwear and similar basic foot problems but they are specifically prohibited from cutting toe nails or the use of corn plasters or other such preparations on service users feet. The advice for Care Assistants is that, should what appears to be podiatric problem occur, they should report that to the Podiatry Service. Certain Care Assistants have received special training on basic footcare from the Podiatry Service and these are the only Care Assistants authorised to participate in toe nail cutting and similar services as shown in **Appendix 7**.

### **Conclusion**

The task group's enquiries reveal that "*Best Foot Forward Scheme*" is deficient on two fronts. It is not available throughout the county and is not always free at the point of delivery. The group believes that some form of joint commissioning ought to be explored so that a county wide service is available

### **Recommendations**

#### **NHS Gloucestershire and Gloucestershire County Council:**

- That a form of joint commissioning is explored to provide a County wide footcare service
- That the joint Commissioners implement the guidance on basic footcare within the Dept of Health document "*Footcare*" as soon as is practicable

## 2. Diabetes footcare treatment

The diabetes patient pathway is currently under review and is to be linked with the community diabetes nursing service. The task group understands that the current level of funding is for four whole time equivalent Diabetes nurses to service the County, based at Edward Jenner Court Brockworth. The group has been advised that, at the time of writing, there is only one nurse as there are two vacancies, and the fourth nurse is on sick leave. The group understands that these nurses do not provide footcare but believes they are essential in providing advice to diabetics on their general condition which quite obviously includes footcare.

The document "*Diabetic Foot Referral Guidelines*", published by NHS Gloucestershire, May 2009, provides a pathway for clinicians to employ in the treatment and outlines the criteria which a full diabetes foot assessment should include as well as the associated management of both acute and chronic foot problems.

The Diabetes managed network are recommending that GP's arrange for their practice nurses to be trained in this management as the task group has evidence that there is some resistance, or delay in this connection, and that the guidelines are not being implemented in every case. The group endorses this recommendation.

### **Conclusion**

The task group's evidence shows that diabetic patients are not aware of what is available for their treatment and the group feels that steps should be implemented to further this education. It also shows that the guidelines for diabetic footcare are being implemented in a variable pattern and appear to be very much left to the discretion of the patients' GP.

### **Recommendations**

#### **NHS Gloucestershire:**

- That the guidelines for diabetic footcare should be universally applied throughout the County
- That awareness is raised for diabetic patients in the treatments available
- That Commissioners allocate resources to provide a full four diabetes nurse cover throughout the County at all times
- That GP surgeries are encouraged to ensure that all practice nurses receive training so that diabetic patients have their feet looked at when they have a diabetic check-up

### 3. The uncertainty surrounding appointments for Podiatry Services

There is ample evidence from the task group's enquiries at public meetings, with patients, and from members of the group that the appointment system is operating in a patchwork fashion. The group understands that two separate administrative offices, one at St Pauls Cheltenham and the other at Gloucestershire Royal Hospital, do not appear to have a beneficial effect upon this problem.

The group's enquiries indicate that the waiting times for clinical appointments are far longer than the prescribed two weeks.

Urgent appointments appear only to be covered by the diabetic footcare plan. There seems to be no system whereby a patient may refer him/herself for urgent podiatric footcare. Patients using the direct line telephone numbers are required to either book with Gloucester or Cheltenham with an inevitable delay, rather than being able to contact the individual clinic direct. The group considers that there should be arrangements in place to enable a patient to receive urgent treatment close to home at an appropriate time without undue delay.

The group recognises the difficulties inherent in the definition of "urgent" but sees a need for some form of rapid "triage" arrangement in such cases

Self-referral is largely not known to the general public for two main reasons:

- It is not mentioned in the leaflet "*Podiatry Services*" (for more information on the leaflet, see Section 5, Publications on page 10 of this report)
- A number of GPs are unaware that it exists.

#### **Conclusion**

The task group suggests that when patients do self-refer, the waiting time for a triage appointment can be, at times, inordinate. It appears that some appointments fail to reach the patient, some patients do not get a call back, and many are told that, if they need an appointment, to contact three weeks prior to the need arising. This problem is apparently recognised and the group understands is in the process for action by the podiatry service in the near future.

The requirement, which exists in some cases, for patients to make their own follow-up appointments three weeks in advance is, from the task group's observations, a major cause of concern, worry and confusion, especially to the elderly.

The group concludes that current system of two administrative offices leads to delay and confusion and is clearly not working efficiently.

**Recommendations****Care Services Board (NHS Gloucestershire):**

- A single office for appointments throughout the County be established
- Requirement for patients to make their own follow-up appointments be cancelled and appointments made at the time of treatment
- Self referral is given much more publicity, and the system speeded up
- A clear system be put in place to provide a more rapid response to perceived urgent problems

## 4. Hospital services

The group focused on concerns regarding hospital patients in both acute and community hospitals in need of basic footcare service, particularly for longer stay patients and especially the elderly and frail, where the lack of such attention could be a cause of discomfort and distress, not to mention the risk of infection.

The group were able to establish the existence of *Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) Clinical Policy* Issued February 2009 entitled “*Nail Care and Foot Hygiene*”, which gives excellent and thorough advice to nursing staff.

During the task group’s meeting with the leads of podiatry services, the question of hospital availability was raised and the group was assured that they provide training for hospital staff and that ideally there should be a trained member of staff in each ward. There was no mention made of whether this applied to the acute trust or to community hospitals or both.

### **Conclusion**

The task group’s enquiries, comments from the public and experience seems to indicate that despite the policy and training, shortcomings in the application of these measures occur on a regular basis, possibly due to staff changes or other extraneous circumstances.

### **Recommendations**

#### **Gloucestershire Hospitals NHS Foundation Trust:**

- That GHNHSFT give extra attention to their policy and ensure that training is extended to staff and when staff changes occur, they ensure that an up to date trained member of staff is retained, especially on long-stay wards

#### **NHS Gloucestershire:**

- That Gloucestershire NHS staff apply similar standards to the community hospitals and ensure that podiatric training capacity is available to the needs of the implementation of these policies

## 5. Publications

The group examined in detail the following leaflets:

### **Gloucestershire NHS “Podiatry Services” leaflet, Print date July 2008**

The task group found this leaflet high in jargon and low in factual content. The first paragraph is obviously lifted from an overseas publication and requires translating into an understandable English version. The second section again is complete with aspirations and short on information to the average person. The third section on Access makes no mention of self referral or contact details. The group found nothing contentious in the remainder of the document save that, in accordance with the task group’s earlier recommendation. There should be one single source of reference.

#### **Recommendation**

##### **Care Services Board (NHS Gloucestershire):**

- That this document be rewritten in a style comprehensible to the average patient
- That this document is available more freely

### **Gloucestershire NHS “What to expect at your Podiatry Assessment”: Leaflet No 5, Revision Date November 2007**

This is an excellent document, deficient only in the absence of a mention that “Best Foot Forward” is restricted in its geographical application and may require some payment from the patient.

#### **Recommendation**

##### **NHS Gloucestershire:**

- The task group recommends as at page 8, that a single office is referred to on every publication

### **Gloucestershire NHS Musculoskeletal Clinical Assessment and Treatment Service (MSKCAT) leaflet issued January 2010**

This is a factual document which only fails to mention that the service appears to be only available in Gloucester and the Forest (possibly due to its adoption by the respective GP Commissioning clusters).

### **Gloucestershire NHS “Diabetic Foot Referral Guidelines” booklet published May 2009**

Similarly this is a factual document and the task group’s only criticism is its repetition of the two available telephone contact numbers. The group has made observations on the application of specialised diabetic footcare previously and **repeat those recommendations.**

**The group read and considered on an evidential basis, the following documents:**

1. *Patient Survey 2009*, Gloucestershire Podiatry Services
2. "What is Podiatry" written by Dr Chris Boden 2009, head of Gloucestershire Podiatry Services
3. Gloucestershire Hospitals NHS Foundation Trust Clinical Policy: *Nail Care and Foot Hygiene February 2009*
4. NHS Gloucestershire Diabetic Foot Referral Guidelines, Background information prepared by Iain Cockley-Adams, Podiatry Services Business Manager December 2009

## **Acknowledgements**

- Dr Chris Boden, Head of Musculoskeletal Clinical Assessment and Treatment (MSKCAT) Service and Gloucestershire Podiatry Services
- Iain Cockley-Adams, Podiatry Services Business Manager, NHS Gloucestershire
- The members of the Podiatry Task Group for their contributions
- Annie Somervell (Age UK Gloucestershire)
- Pamela Dewick, Gloucestershire Rural Community Council (Host)



## Appendices

<b>Appendix 1</b>	Examples of views gathered at public and other events	Page 16
<b>Appendix 2</b>	Podiatry Task Group Terms of Reference	Page 17
<b>Appendix 3</b>	Members of the Podiatry Task Group	Page 18
<b>Appendix 4</b>	Gloucestershire Care Services, Podiatry “Spectrum of Care”	Page 19
<b>Appendix 5</b>	‘Podiatry in Gloucestershire’, Notes extracted from NHS Gloucestershire website on 23 <sup>rd</sup> September 2009	Page 20
<b>Appendix 6</b>	Gloucestershire Care Services, Details of social foot care provision in the county, written by Iain Cockley-Adams, Business Manager, Gloucestershire Podiatry Service, 30 November 2009	Page 22
<b>Appendix 7</b>	Personal toe nail care all you need to know Produced by Gloucestershire Podiatry Services, Gloucestershire PCT, 1 <sup>st</sup> April 2009	Page 25
<b>Appendix 8</b>	Publications/References	Page 26

## Gloucestershire Local Involvement Network (LINK) Examples of views gathered at public and other events

- Almost impossible to make a podiatry appointment by telephone to Gloucester hospital
- Regarding Podiatry Services for older people, with demographic changes, could a simple (non-pathogenic) service be introduced in Day Centres?
- Means testing for Podiatry Services
- Podiatry service is not available so we have to have a private practitioner which is a little expensive. I used to see Mr Hamilton at Lydney, but he said he couldn't do any more for me so I have to go on suffering
- Foot care could be better co-ordinated. Referral to Podiatry services at earliest opportunity. A lady with an ulcer on her foot could not be seen by the district nurse and did not get satisfactory care for about 6 weeks. She eventually heard about the Podiatry clinic in Cheltenham from a friend and referred herself. She was disappointed that neither her doctor nor the district nurse knew of this clinic. The treatment from the clinic was excellent
- Are there fewer chiropodists than there used to be?
- Older people suffer from mobility problems due to lack of basic footcare
- Difficulty booking chiropody services. Had to leave my district to book a local appointment
- There is a lack of information about Podiatry, particularly in community venues, GP surgeries and in health service leaflets
- Information on the internet is not helpful for people who have no access
- There are not enough diabetic nurses
- A comprehensive foot health service does not exist
- Unable to afford to pay for transport to get to clinics
- Difficulty accessing services when you have a disability
- Difficulty in making appointments, particularly follow-up appointments at Gloucestershire Hospitals NHS Foundation Trust
- Unable to get toe nails cut for a long-stay patient in hospital
- Difficult for the housebound to get social foot care
- Too easy for "cowboys" to fill the gaps in rural areas
- Not enough mobile chiropody services (Gloucester)
- Podiatry service is OK – just getting the appointments is a problem
- My diabetes nurse has been trying to get a podiatry appointment for me since March 2010. I still do not have an appointment (Tewkesbury July 2010)
- Diabetic has regular appointments for podiatry at Tewkesbury hospital. Sometimes they only check the feet and do not cut toe nails
- Husband supposed to have podiatry appointment every 10 weeks, more like 30 weeks. It would be so much easier to have the next appointment made when seeing the podiatrist (Coleford)
- Podiatry difficult to obtain (Cheltenham)

## **Gloucestershire Local Involvement Network (LINK) Terms of reference for Access to Podiatry Task group**

### **Aim**

- To review the patient experiences of Access to Podiatry services in Gloucestershire
- To make recommendations to improve the patient experience to the providers and commissioners of health and social care services

### **Objectives**

- To review the relevant policies and procedures of all the providers of the Podiatry services in Gloucestershire
- To review the literature for national policies on podiatry
- To identify where problems have been encountered
- To identify areas for change and improvement
- Identify services available in people's homes in Gloucestershire
- To submit a report to the LINK Stewardship Board for onward transmission to the commissioners, providers and regulators

### **Membership**

- Any Link member who has expressed an interest in the Podiatry services

### **Frequency of meetings**

- This is a short term group and forms part of the LINK work plan for 2009/10
- Meetings will be arranged through the Host (GRCC) and should not have more than six weeks between each meeting

### **Review date**

- The results of the final report to be reviewed six months after the report completion date

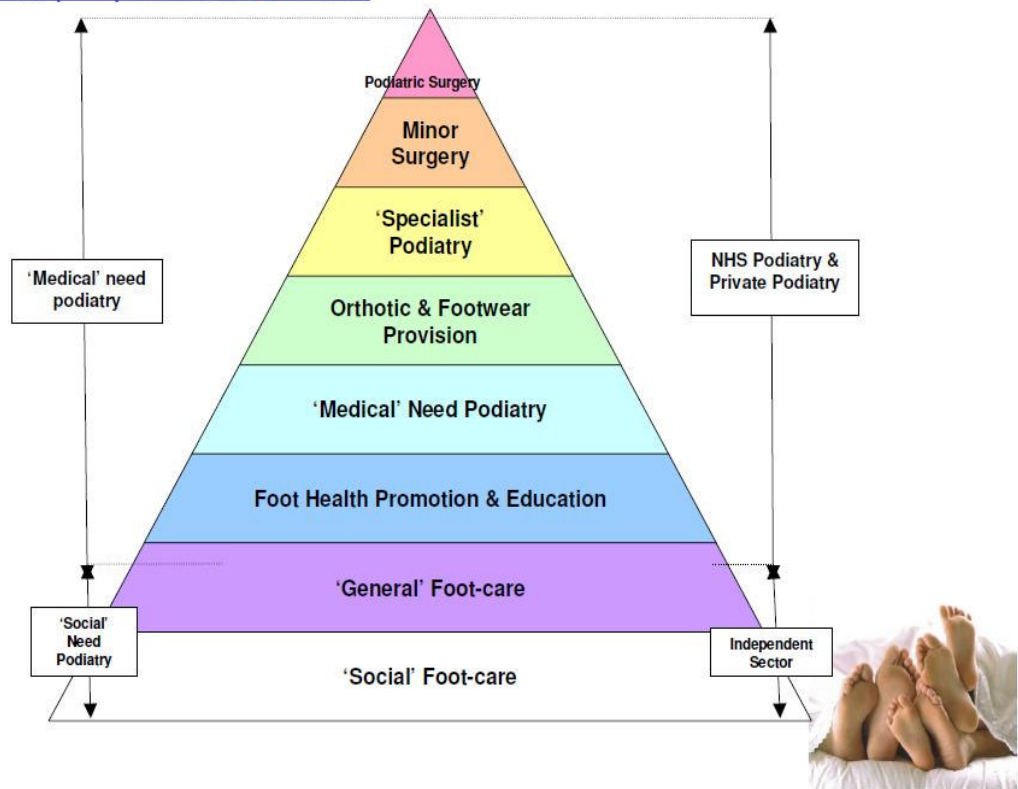
**Gloucestershire Local Involvement Network (LINK)  
Members of the Podiatry Task Group**

The members of the Podiatry Task group were:

- Don Espie
- David Hearn
- Pauline Hicks
- Maureen Law
- Peter Mannion (Chairman)
- Barbara Marshall
- Dave Peachey
- Annie Somervell
- Clare Stewart
- Raymond Storey

## Podiatry “Spectrum of Care”

### Podiatry 'Spectrum of Care'



Gloucestershire **NHS**  
Podiatry Services

## **Podiatry in Gloucestershire**

### **Notes extracted from NHS Gloucestershire website on 23<sup>rd</sup> September 2009**

**The Podiatry service in Gloucestershire aims to provide a comprehensive foot health service to the local population. Health Promotion underlies all podiatric activity. Patients are encouraged to take responsibility for assisting with their own foot health**

**Community Podiatrists** provide treatment and advice for **all** people who have a Podiatry and/or Medical need. This can include any painful foot conditions and especially those complicated by systemic disease.

**These services are available following a referral from a General Practitioner (GP) through Choose and Book**

Following a full medical and foot assessment, a treatment plan will be discussed with the patient and a review period agreed. Patients will be encouraged to participate in their own foot care and appropriate advice will be given.

The Podiatry Department do not provide simple nail cutting for social reasons (e.g. because the patient cannot reach.) In some localities this service is provided by Social Services as part of the *Best Foot Forward Project*. (see attached sheet)

The **Podiatric Practitioner service** is run by an extended scope podiatrist specialising in the assessment and treatment of musculoskeletal disorders of the foot and associated structures. Access to this service is through GP or other healthcare provider referral.

The **Podiatric Surgery service** is run by a Consultant Podiatric Surgeon. In Gloucestershire, the Podiatric Surgery Service is based in the Primary Care community hospitals. All surgery is carried out on a day care basis with the patient being discharged home at the end of the session. The procedures that can be carried out are varied, but can include forefoot, midfoot and rearfoot surgery.

The Podiatry Service offers minor surgery under local analgesia for painful nail conditions such as ingrowing or deformed toenails

**A comprehensive foot health service** is provided for people with Diabetes Mellitus who are at risk or who have a high risk of foot complications

**The Specialist Podiatrist in Rheumatology** runs a clinic in the Podiatry Department at Gloucestershire Royal Hospital. The Podiatrist can provide insoles to reduce pain and prevent deformity. There is also a Footwear Technician present who can help with the fitting of footwear and provide shoes.

**Patients with complex foot ulceration and/or ischemia** should be referred to the Podiatry Clinics at Gloucestershire Royal Hospital or Cheltenham General Hospital

**Patients with neuropathy and/or impaired peripheral circulation** should be referred to Community Podiatry for screening and advice.

Our two **Footwear Technicians** provide a footwear fitting service in several clinic sites. They keep a stock of shoes from various manufacturers including Padders and Klaveness. They provide a personal service, spending time with each individual discussing their needs in relation to their foot problems and, where necessary, will order in specific shoes for each client. The price of footwear is similar to what you would pay in a shoe shop.

## Gloucestershire Care Services

### Details of social foot care provision in the county:-

#### Providers

There are three providers of basic foot care; all three services were set up with the assistance of the NHS Gloucestershire Care Services Podiatry Service. They all also receive training and governance support from the Podiatry Service.

The three providers are:

#### 1) **Best Foot Forward**

Run by Gloucestershire County Council's Adult Care Directorate and delivered by their own employees. This service is available to people in their own homes.

The task group estimates current capacity to be:

41 hours per week in Gloucester locality

31 hours per week in the Forest of Dean

26 hours per week in Cheltenham & Tewksbury localities.

There is no provision in the Cotswolds & Vale but there are plans to extend the service to all parts of the county.

#### **The Service Managers are:**

Gloucester & the Forest: Nigel Ruck, Quayside House, The Quay, Gloucester.

Cheltenham & Tewkesbury: Sara Arnold, Sandford Park House, 39-41 London Road, Cheltenham

#### 2) **In Step (Age UK Gloucestershire)**

Run by Age UK Gloucestershire and delivered by their own employees, the service is offered in 4 locations:

#### **Wednesday morning clinics:**

- St Andrews United Reform Church, Montpelier St., Cheltenham
- Mill House Care Home, Sheep St, Chipping Campden,

#### **Friday morning clinics:**

- Redlands Acre, 35 Tewkesbury Road, Gloucester GL2 9BD
- Meadowbank Day Centre, Meadow Road, Cirencester GL7 1YA

#### **The Service Manager is:**

Ian Anderson, Age UK, Bleak House, 26 Station Rd, Gloucester, GL1 1EW.

### **3) Fairford League of Friends (Toe Nail Cutting Service)**

Run by Fairford League of Friends, the clinic is held in Fairford Hospital on Monday mornings. The service is only available to residents of Fairford and Lechlade.

Referrals to the service are made via the local GP surgeries and, in the first instance, go to the NHS Gloucestershire Podiatry Service who conduct a paper assessment so that people who may need to see a Podiatrist can be quickly identified and offered a Podiatry appointment.

The service is run by one person who arranges appointments and provides the foot care. At the request of The League of Friends, this person is employed by NHS Gloucestershire although their costs are fully met by the League of Friends.

#### **Service offered:**

Whilst there are some differences in the service delivery, all three providers offer a service based upon pathways and assessment criteria devised by NHS Gloucestershire Podiatry Service.

Service users receive a full assessment of their foot health. All service users then receive personal toe nail care, plus advice on self-management and signposting to relevant related services (e.g. footwear). The only exception to this is those service users who are assessed as having a clinical need i.e. requiring a higher level of care than these services can provide. In these cases people are encouraged to self-refer directly into the Podiatry Service where they will secure a first appointment within 2 weeks.

#### **Training, Governance and referral pathways:**

All 3 providers work to the same operating model which was devised by and is supported by NHS Gloucestershire Podiatry Service.

For all personnel delivering foot care there is a two day training course written by and delivered by NHS Gloucestershire Podiatry Service. The course content includes theory and practical sessions including assessing foot health and how to carry out vascular and neurological examination on the feet. It also covers the topics of: infection control; cutting and filing toe nails using best practice; health and safety; manual handling; first aid; and note taking, including legal aspects.

The staff are trained to provide foot health advice and to be able to signpost individuals to other relevant services e.g. Footwear and shoe fitting, Gloucestershire Podiatry Services etc. Staff have access to referral forms so that those service users who are identified as requiring an appointment with a Podiatrist can self-refer quickly and easily. The training is updated every 3 years.

In addition to training, the Podiatry Service oversees providers' competencies. Every operator is subject to an annual review conducted by a HPC registered Podiatrist to ensure that they continue to meet the competencies that form the basis of the training.

In addition to the training and competency review, the Podiatry Service also meets with the service providers to oversee and support procedures. This includes regular reviews of case management and medicines management.

**Costs and Charges:**

NHS Gloucestershire Care Services Podiatry Service receives no payment from either the PCT or the providers for the resources they commit to the support of these services.

Every individual participating in one of the schemes has to purchase a nail kit costing £15 for their sole use.

The charges per appointment are as follows:-

**1) Best Foot Forward**

The service is chargeable at a maximum of £14.13 per hour; the charge for each treatment is pro rata. Individuals have the option of having a FaB (Finance and Benefit) Assessment to see if they can have the service at a reduced cost.

**2) In Step**

Appointments last ½ hour and each treatment costs £12.50.

**3) Fairford League of Friends Toe Nail Cutting Service:**

This service is free of charge, donation are invited. Each appointment lasts ½ hour. The service is only available to residents of Fairford and Lechlade.

**Background information prepared for Gloucestershire LINK.**

**Author: Iain Cockley-Adams, Business Manager, Gloucestershire Podiatry Service**

**Date: 30 Nov 2009**

## **Extract from PERSONAL TOE NAIL CARE ALL YOU NEED TO KNOW**

**Produced by  
Gloucestershire Podiatry Services  
Gloucestershire PCT  
1<sup>st</sup> April 2009**

**Page 3 of this document is as follows:**

### **FOOT-CARE FOR HEALTHCARE ASSISTANTS**

As a Healthcare Assistant, you will only be expected to provide personal toe nail care to the feet of your patients. It is well known that the quality of life is improved if the feet of an elderly or disabled person are well cared for.

The purpose of this training session/package is to give you some guidelines as to how this can be achieved. It will enable you to provide for your patient the foot-care that they would provide for themselves, if they were able.

Topics covered will include:

- Podiatry
- Foot Problems
- Diabetic Foot
- Nail care Instruments and where to purchase them
- Nail Care
- Infection Control
- First aid
- Manual Handling
- Referring to Podiatry Department
- Referral forms
- Foot Care Advice
- Advice on Hosiery
- Advice on Footwear & Shoe Fitting
- Exercises
- Contact Numbers

## Publications / References

The following were considered and provided to the group for their discussions:

- Department of Health Best Practice Guidance “*Footcare*” Gateway Reference 12006, Publication Date 22 July 2009
- ‘*Podiatry Services*’ Print date July 2008
- “*What to expect at your Podiatry Assessment*”, Issued by NHS Gloucestershire, Leaflet No 5, Revision Date November 2007
- “*Musculoskeletal Clinical Assessment and Treatment Service (MSKCAT)*” issued by NHS Gloucestershire January 2010
- ‘*Diabetic Foot Referral Guidelines*’ published by NHS Gloucestershire, May 2009
- ‘*Best Foot Forward – A Partnership project between Gloucestershire Podiatry Services and Gloucestershire Home Care Services*’ produced by NHS Gloucestershire Podiatry Services and Gloucestershire County Council. Review date April 2010
- ‘Background Information prepared for Gloucestershire LINK – *Details of Social Foot Care Provision in the County*’ Author: Iain Cockley-Adams, Business Manager, Gloucestershire Podiatry Service 30 November 2009
- Gloucestershire Hospitals NHS Foundation: Trust Clinical Policy: *Nail Care and Foot Hygiene* issued February 2009
- Results of Podiatry Survey NHS Glos Dr Chris Boden May 2009
- Notes extracted from NHS Gloucestershire web on podiatry: 23<sup>rd</sup> September 2009 (See Appendix 5)
- *Personal Toe Nail Care “All you need to know”* Training Booklet produced by Gloucestershire Podiatry Services, 1<sup>st</sup> April 2009