

Dorset Health Scrutiny Committee

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Dorset County Council



Date of Meeting	22 May 2015
Officer	Director for Adult and Community Services
Subject of Report	Podiatry Services in Dorset
Executive Summary	<p>As a result of feedback received from patients and service users, Healthwatch Dorset undertook a fact finding exercise with regard to the availability of and access to podiatry services. In addition to this, concerns had been raised by the public with a member of the Dorset Health Scrutiny Committee.</p> <p>This summary sets out the responses received by Healthwatch Dorset to questions raised with commissioners and providers of podiatry services, and considers whether more research should be done into the cost effectiveness of providing this service.</p>
Impact Assessment: <i>Please refer to the protocol for writing reports.</i>	Equalities Impact Assessment: N/A
	Use of Evidence: Report provided by Healthwatch Dorset.
	Budget: N/A
	Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: HIGH/MEDIUM /LOW (Delete as appropriate) Residual Risk HIGH/MEDIUM /LOW (Delete as appropriate)

	<i>(i.e. reflecting the recommendations in this report and mitigating actions proposed)</i>
	Other Implications: None.
Recommendation	Members of DHSC are recommended to consider the contents of the report and whether commissioners should be asked to respond to questions posed under section 3.1.
Reason for Recommendation	The work of the Committee contributes to the County Council's aim to protect and enrich the health and wellbeing of Dorset's most vulnerable adults and children.
Appendices	1 Summary report from Healthwatch Dorset – Podiatry Services. 2 Podiatry Services eligibility criteria.
Background Papers	None.
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Appendix 1



Podiatry – Summary report for Dorset Health Scrutiny Committee – 22 May 2015

Although podiatry services are not the subject of a formal Healthwatch Dorset investigation, we carried out some fact finding as a result of feedback received from patients and service users.

1 Concerns raised:

- 1.1 Some patients have been informed that the availability of the toe nail cutting service is reducing from every 6-8 weeks to every 10-12 weeks. People are concerned that these services will only now be available 4 times a year. Private fees for Podiatry are often too much for those on small pensions or benefits and the concern is reduction in these NHS services will ultimately lead to more social isolation/lack of mobility for many people.
- 1.2 Given the current (NHS/Local Authority) emphasis on prevention, keeping people independent, out of high cost care and in their own homes, we wanted to know the status of toe nail cutting services – a simple service that, seemingly, would go a long way in aiding the prevention agenda.

2 What we did:

- 2.1 First point of contact was with the services manager at Dorset HealthCare University Foundation Trust (DHC) to try to get some clarification on service status:
 - Some of the services that were run from GP practices (private) are being/have been withdrawn and commissioners are apparently looking for DHC to take them on.
 - Toe nail cutting is not a routine service – it's usually only provided when the GP refers into the service because a patient has a medical need. It seems that some patients have had regular toe nail cutting provided when medically speaking it hasn't been necessary – or they haven't met "the criteria". Now it seems that this "loophole" is being tightened up and patients have to be assessed/meet the criteria. Some patients who have had toe nails cut are being turned away because they do not meet the criteria.
 - However – the Clinical Commissioning Group (CCG) seems to realise that more provision is necessary – there are "hot spot" areas and they are investing in more clinics in the west and are in the process of recruiting staff and they are working with the private sector as well to see if there is capacity there. There is a need in the more high risk patient category (especially people with diabetes etc)
 - DHC think there is more that can be done with the third sector – toe nail cutting training could be provided by them for third sector organisations that are interested – probably for a small fee.

2.2 We then contacted the CCG – Sally Chandler, Programme Lead (Mid/Musculoskeletal), Service Review, Design and Delivery to enquire about the possibility of third parties being trained as per bullet point above. She advised:

- The expansion of non-NHS toe nail cutting is a business decision for DHC but we are working with them on signposting for patients.
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2.3 We also received this from Sue Underhill, Principal Programme Lead (MSK) Mid at the CCG:

- I've looked through the proposed future service specification and the following elements are detailed as relevant to toe nail cutting:

“Residents of Part III accommodation and private nursing and residential homes can expect their carers or proprietors to arrange for social nail cutting from within the resources of that establishment.”

“Exclusions:

Nail cutting for patients with normal nails and who have no pathology affecting the feet;

Nail cutting for those who cannot manage and have no carer or support worker.”

We don't commission toe nail cutting, only where there is a clinical podiatric need. The NHS Choices website now has a page with details about this:

<http://www.nhs.uk/Livewell/Staywellover50/Pages/Foot%20care.aspx>

When Cindy met with DHC they indicated that they would like to offer more foot care services and this is reflected in it being a business decision for DHC.

2.4 We also received this from Di Lawrence at AgeUK Dorchester:

For your information – we were contacted by the NHS podiatry service who asked if we would consider expanding our footcare service to cover additional areas because of the reduction in NHS provision (note – any additional service would not be funded by the CCG). We have now recruited staff to deliver the service in Gillingham and Lyme, in addition to our existing provision in Dorchester, Weymouth, Portland, Wool, Sherborne, Yetminster, Maiden Newton and Beaminster (I think!). We mostly provide a simple toenail cutting service (though we do have one qualified person who takes on other stuff), and we charge £12.50 a cut. It seems to be a bit of a problem finding professionals who can deal with people with conditions / medication in some areas though.

2.5 A few months later we went back to Sue Underhill with the following:

Your previous correspondence advised that the CCG only commissions services for people who have a medical need/long term condition and if DHC wanted to provide

training for voluntary sector/third sector organisations to provide a basic toenail cutting service for those who don't qualify for NHS treatment/can't afford private treatment, then it would be a business decision for them (even though DHC advised that expansion of services into this sector is something that would be a CCG commissioning decision).

However, we are getting more feedback on this issue and if people are unable to cut their toenails, have no one to help, can't afford private care and don't qualify for NHS treatment, they are more likely to become more socially isolated, less mobile, more likely to fall and thus more likely to end up using high cost hospital services, so is this something that can be raised through the CSR review, Better Together et al? (or has it already been raised?) especially as they are seemingly aimed at trying to keep people healthy, at home, as independent as possible and out of high cost care. We realise that each individual CCG will decide what to commission based on local need but if local people are asking for such services can this feedback be used in the commissioning decision making process?

- 2.6 We received this response from the CCG on 10th March from Cindy Shaw-Fletcher, Head of Review, Design and Delivery, Mid and MSK:

“Thank you for your email of 11th February 2015 to Sue Underhill regarding toe nail cutting and apologies for not responding sooner. As a commissioner of health services, NHS Dorset CCG provides a standard clinical podiatry service throughout Dorset, Bournemouth and Poole. This is not commissioned solely for people with long term health conditions. The service is for patients who have a clinical podiatric need, regardless of whether or not they have a long term condition. Toe nail cutting is primarily a social need. We do however commission for toe nail cutting where there is a clinical need relating to the nail ie nails are very thick or severely deformed. The service also caters for patients with ingrown toenails. A copy of the eligibility criteria for our core podiatry service is attached. (see Appendix 2)

For high risk diabetics there is a commissioned Diabetic Foot Care Service with referral into it via the main acute hospital providers. This service is for diabetic patients with ulcers/history of ulcers and who need to be seen urgently.

Currently we do not commission a specific Foot Care service (simple toe nail cutting and skin care) as these are tasks that healthy adults would normally carry out as part of their everyday personal hygiene. However, thank you for feeding back that there is public interest in toe nail cutting services for those that have no one to help, don't have a clinical need and are unable to pay for private care. This is recognised by the Society of Chiropodists and Podiatrists, recognising that “for certain clinical, medical and physical reasons some individuals are unable or it would be too risky for them to do it themselves” and various examples of footcare service have been described in “Footcare Services for Older People: a resource pack for commissioners and service providers” 2009. Examples include NHS and private provision, voluntary or third sector eg Age UK. Age UK provides a service in most areas of Dorset for a charge and are able to visit service users in their homes. You may already be aware that people who are no longer able to manage their personal care appropriately may be entitled to weekly Attendance Allowance at either the higher or lower rate – this is not means tested and some people choose to use this for nail cutting.

Thank you again for your feedback which can be fed into the Clinical Services Review and I will also pass on to colleagues in the Better Together Programme.”

3 Next steps:

- 3.1 We have asked the CCG to let us know if anything further changes. We haven't done anything further on this but it does seem that there IS more to be done in terms of the CCG looking at whether expanding the service would be viable (if they haven't already done so) - do they know how many people fall or are hospitalised because of toe nail issues? How much would it cost to run more services? How much would such a service save in acute care costs long term? Is the issue of training more voluntary organisations to provide services viable?

Annie Dimmick
Research Officer
Healthwatch Dorset

COMMUNITY PODIATRY

Eligibility Criteria

Patients who have:

- Diabetes and who have high-risk feet e.g. current or a history of foot ulceration
- Either ulceration or bacterial infection of the feet including ingrown toenails

Patients who have a Podiatric need:

- Callous or corn formation
- Very thick or deformed nails that require the skills of a Podiatrist

OR Patients who have:

- Poor circulation
- Loss of sensation neuropathy of the feet
- Rheumatism
- Immuno suppressed condition(s)

AND have a specific Podiatric need eg, callous / corn formation, thick or severely deformed nails.

Exclusions

Patients who have:

- Diabetes and who are classed as low risk – (those who have a good blood supply, including good nerve sensation and who have no podiatry needs.)
- Diabetes and who are classed as having an increased risk and who have no podiatry need.
- A requirement for simple toenail cutting only and do not have any other pathology affecting the feet.

Treatment Plans

- All patients who are referred will be offered a course of treatment or discharged with the appropriate advice.
- Patients assessed as high risk will continue to receive care for as long as necessary
- Patients assessed as low risk or increased risk may be discharged.

Diabetic Foot screening

- All diabetic patients who meet our eligibility criteria will be screened by the podiatrist annually. A copy will be forwarded to the practice. This is in addition to the annual screening programme carried out by the practice.
- Patients who DO NOT meet our eligibility criteria should be screened annually by appropriately trained staff within the practice.