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Agenda Item: 14

Integration Joint Board

Date of Meeting: 30 November 2022.

Subject: Implementation of the Personal Foot Programme Proposal.

1. Purpose

1.1. To advise Members regarding changes to Podiatry service provision.

2. Recommendations

The Integration Joint Board is invited to note:

2.1. The national direction to remove personal footcare from Podiatry provision.

2.2. The plans to take forward that direction locally including the creation of the OrkPod Forum.

2.3. The impact for those who have been in receipt of lower level Podiatry services.

3. Background

3.1. The Podiatry service in Orkney transferred fully over into NHS Orkney in December 2015 and subsequently to the Orkney Health and Social Care Partnership through the Orkney Integration Scheme.

3.2. Prior to this, various private practitioners had contracts for NHS provision. There were gaps in relation to clinical governance, professional standards, quality assurance and unprecedented service demand. At the time of transfer chronic national shortages of Health and Care Professions Council (HCPC) Registered Podiatrists, compromised the opportunity to undertake necessary reorganisation, redesign and cultural change in provision of the service needed to comply with NHS policies, guidelines and procedures.

3.3. The Scottish Government Personal Footcare Guidance 2013 elevated radically the access criteria for Podiatry and endorsed the removal of personal footcare from NHS Podiatry provision.

3.4. Personal footcare is described as personal hygiene and involves a simple set of tasks such as bathing, moisturising, nail cutting and filing that an adult would normally do for themselves, if able.

3.5. The reclassification is in line with earlier national publications. Due to immense pressure on the Podiatry service, and staffing gaps this guidance was not implemented.

4. Podiatry Service COVID-19 Response

4.1. In response to the pandemic, low-risk and Personal Footcare patients in Outpatients were suspended on 20 March 2020. Following this, the Royal College of Podiatry set out strict criteria for Podiatrists to follow, (attached as Annex 1 to this report) culminating in extensive waiting lists and a back log.

4.2. The local Podiatry service triaged and identified all patients with a clinical priority such as patients at high risk/in remission of active foot disease due to vascular, diabetes, rheumatology, immunosuppressed and compromised and made contact to support them.

4.3. Care for high-risk patients continued throughout the COVID-19 pandemic. However, the break in service available to medium and some low-risk patients resulted in an increase in patients deteriorating to active foot disease status.

4.4. The Podiatry service highlighted that the existing model of care is unsustainable and does not focus sufficiently on prevention of active foot disease. During this time, many Personal Footcare patients sought to make their own arrangements from the private sector.

5. Current Situation

5.1. The COVID-19 pandemic resulted in the suspension of Personal Footcare services; and has provided an opportunity to implement NHS Orkney's local application of 'Re-mobilise, Recover, Redesign: the framework for NHS Scotland (31 May 2020)'. This stated that "our ambition should not be to return to business as usual; but, to use this crisis as an opportunity to improve how we are delivering services".

5.2. Consequently, the Podiatry Service Development Plan was developed to optimise access to podiatric services for those with a clinical need. The delineation of care between the Podiatry service and the Personal Footcare Programme arises from The Foot Health Spectrum of Care (attached as Annex 2 to this report).

6. The Sustainable Solution

6.1. The COVID-19 pandemic has enabled a real opportunity to effect positive change, improve the provision of Personal Footcare and increase the Podiatry service resilience. To achieve this, a Personal Footcare Programme has been designed. The key features of this are:

- Every patient registered with the Podiatry service has been triaged by a Podiatrist against the Access Criteria and Eligibility for Treatment categories criteria (Annex 1).
- 488 patients are now suitable for discharge from the service a breakdown of the data is shown at Annex 3. These patients will require to make their own personal arrangements.
- Establishment of The OrkPod Forum, with a remit to: ‘Train One to Treat Many’. The Forum comprises those trained in, or working in footcare, either as professionals or volunteers. All have been invited to become members of the Forum. Their continued and active membership of the Forum will ensure that the Podiatry service will refer patients to them for personal footcare treatment. OrkPod Forum members will receive advice, information and support from the Podiatry service to support them in their new role. They will also have an open access to the service to refer any patients whom they have concerns about and/or exceed their scope of practice.

6.2. It is proposed to provide Personal Footcare Training for family, friends, care home staff and social care staff to support them to provide personal care for residents or clients. The training package is ready to be delivered with a robust process of escalation back to the Podiatry service should a patient’s condition deteriorate.

6.3. A partnership approach to addressing local needs is fundamental to ensuring the safety of patients. Collaborative working, both in planning and delivery, is important to ensure a joint approach to how personal footcare can be provided effectively for those unable to self-care. Close partnership between colleagues in health, social care, third and independent sectors is critical to developing appropriate pathways and ensuring that individuals receive the right care provided by the right person at the right time.

6.4. The Personal Footcare Programme solution is a safe and sustainable approach to meeting personal footcare needs of the population. The Podiatry service is developing and strengthening local footcare infrastructure, education, and support and in so doing is creating essential capacity for clinical podiatry to high-risk patients.

7. Contribution to quality

Please indicate which of the Orkney Community Plan 2021 to 2023 visions are supported in this report adding Yes or No to the relevant area(s):

Resilience: To support and promote our strong communities.	Yes.
Enterprise: To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	No.
Equality: To encourage services to provide equal opportunities for everyone.	Yes.
Fairness: To make sure socio-economic and social factors are balanced.	Yes.

Innovation: To overcome issues more effectively through partnership working.	No.
Leadership: To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	No.
Sustainability: To make sure economic and environmental factors are balanced.	No.

8. Resource and financial implications

8.1. There are no direct implications arising from this report however the impact on social care services is as yet unknown.

9. Risk and equality implications

9.1. This proposal serves to provide improved service delivery to those with active foot disease.

9.2. There are a range of people who have previously accessed low level footcare who will require to be signposted to alternative provision.

9.3. The establishment of the OrkPod Forum will include a mechanism to refer any patients whom they have concerns about and/or exceed their scope of practice.

9.4. The public should be excluded from the meeting in respect of any discussion relating to Annex 3. Annex 3 contains exempt information as defined in paragraph 3 of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973.

10. Direction required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.

11. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.

12. Authors and contact information

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13. Supporting documents

13.1. Annex 1: NHS Orkney Podiatry Access Criteria and Eligibility for Treatment.

13.2. Annex 2: Foot Health Spectrum of Care.

13.3. Annex 3: Number of Patients to be discharged from NHS Orkney Podiatry Care.

Annex 1: NHS Orkney Podiatry Access Criteria and Eligibility for Treatment

Category 1.	Category 2.	Category 3.
Foot (Podiatric) Need.	Medical Need.	Non-eligible Conditions.
<p>Active Foot Disease.</p> <p>Ulceration/non healing foot wounds.</p> <p>Charcot's or history of Charcot's.</p> <p>Foot infection which has required antibiotic treatment (excluding fungal nails).</p> <p>In-growing toenail with inflammation/infection/ medical need.</p> <p>Painful/infected corns/callus and medical need.</p> <p>MSK disorders and abnormalities of the foot and ankle. Joint pain, soft tissue pain, neurogenic pain, orthopaedic pain e.g. fractures, dislocations.</p> <p>Biomechanical Assessment and Gait Analysis.</p> <p>Dermatology need.</p>	<p>Diabetes with foot risk stratification of high-risk in remission.</p> <p>Diabetes with high-risk foot stratification.</p> <p>Diabetes with a moderate foot risk stratification and associated foot pathology.</p> <p>Neuropathy (altered/loss of feeling in the lower limb due to a medical condition such as diabetes).</p> <p>Advanced Peripheral Arterial Disease (very poor circulation in the lower limb).</p> <p>Rheumatoid or related inflammatory arthropathies, Scleroderma.</p> <p>Neurological Disorders e.g. MS causing reduced or altered sensation to the feet.</p> <p>Immunosuppressed / immunocompromised.</p> <p>Chronic kidney disease Stage 3b and 4 /Dialysis.</p> <p>Non-traumatic foot/leg amputation.</p>	<p>General nail care.</p> <p>Callus, corns, dry skin.</p> <p>Verrucae (except when not responded to home treatments/painful - and might benefit from dry needling).</p> <p>Diabetes (low foot risk stratification - biannual checks should be provided in Primary care).</p> <p>Difficulty in reaching feet to cut nails or other personal footcare.</p> <p>Fungal/gryphotic nail conditions.</p> <p>Asymptomatic foot conditions.</p> <p>Moderate foot risk diabetes with agreed holistic foot care plan and no podiatric problems (moderate risk stratification - annual foot screening in Primary Care).</p>

Annex 2: Foot Health Spectrum of Care

