

# Chapter 10

## Footcare services

### 10.1 Key audiences

Primary care trusts:

- commissioners of services for older people
- directors of public health.

NHS trusts and NHS foundation trusts:

- managers of services for older people.

Community health services:

- chief executives.

Nursing homes:

- managers.

Older people voluntary sector organisations:

- chief executives.

### 10.2 A definition of footcare services

The Department of Health<sup>254</sup> defines footcare services as:

Services that could be provided by a trained lay person or carer:

- Toenail cutting - cutting and filing toenails safely, and keeping them at a length which feels comfortable.
- Skincare - smoothing and moisturising dry and rough skin, checking for cracks and breaks in the skin and signs of inflammation, looking for signs of infection or other obvious early problems and referring for further professional advice.

Services that should be provided by a health professional:

- Reviewing footwear to assure safety and stability.

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<sup>254</sup> *Footcare services for older people*, Department of Health, 2009  
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Chapter 10 Footcare services | [www.southwest.nhs.uk/age-equality.html](http://www.southwest.nhs.uk/age-equality.html)

- Advising on suitability and how and where to obtain appropriate socks, shoes and other footwear.
- Prevention advice - keeping feet clean, dry, mobile, comfortable and warm and promoting good foot health advice based on each individual's lifestyle and circumstances.
- Signposting – knowing when to refer to podiatrists or other healthcare professionals and raising other health and social care risks with appropriate professionals including health and safety issues, social exclusion and benefit rights.

## 10.3 Key issues and concerns

### Summary

- Footcare services are important for the wellbeing and continued mobility of older people, but foot problems are given low priority in the NHS and footcare services appear to be under resourced which affects older people disproportionately.
- Footcare problems affect a large proportion of older people.
- The provision of NHS footcare services does not meet the need.
- Provision of footcare services is variable across the country.
- There may be some evidence of multiple discrimination in access to footcare services for older women from lower socio-economic backgrounds.
- Access to footcare may be even poorer for those in residential care.
- There is a need for commissioners to ensure older people have equitable access to basic footcare.
- There is evidence for the cost-effectiveness of footcare services.

### ***Footcare is particularly important to older people***

Footcare services are important for the wellbeing and continued mobility of older people and levels of available services affect older people disproportionately.<sup>255</sup> Without access to footcare older people can be left in pain, housebound and at increased risk of falls and in extreme cases unable to mobilise.<sup>256</sup> Currently only 17 per cent of men and 13 per cent of women aged 65 to 74 meet the Chief Medical Officer's recommendations for physical activity, and these figures drop considerably among over-75s.<sup>257</sup>

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<sup>255</sup> *Ageism and age discrimination in primary and community health care in the United Kingdom - a review from the literature*, Centre for Policy on Ageing (CPA), 2009

<sup>256</sup> *Primary concerns: older people's access to primary care*, Age Concern Policy Unit, 2008

<sup>257</sup> *Footcare services for older people*, Department of Health, 2009

## **Footcare problems affect a large proportion of older people**

Nearly one third of older people are unable to cut their own toenails, severely impacting on their ability to remain active and mobile.<sup>258</sup>

## **NHS footcare services do not meet need**

In a review of progress against the *National Skills Framework for Older People* (NSF), podiatry services appeared under resourced in all the areas inspected.<sup>259</sup> Older people reported they had to use private services or wait very long times for NHS treatments. In the same review, people reported frequent delays in providing low-cost services such as toenail clipping.

A survey found that 58 per cent of older people needing footcare services had used private services, while 35 per cent were getting a service from the NHS. (One per cent had used a voluntary sector service and six per cent had received no service at all.) This report also found eligibility criteria for NHS footcare services had been tightened.<sup>260</sup>

Between 1996 and 2005 there was a 20 per cent drop in new episodes of care for NHS chiropody.<sup>261</sup>

Providing footcare services, which support the health and wellbeing of older people, should primarily be a responsibility for public services.<sup>262</sup> Age UK is concerned that payment can be a barrier to access and recommends that commissioners ensure that all who need footcare services are able to access them, regardless of ability to pay.

Rationing of footcare services can also occur through older people's inability to access services out of the home.<sup>263</sup>

## **There is variable geographical provision of footcare services**

A public health observatory report on older people's health<sup>264</sup> found wide variation between regions in the care episode rate, the highest being in London and West Midlands and lowest in East of England and South East regions. Age Concern has also found very significant geographical variations in access to NHS services and consequent use of private services. "Only 22

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<sup>258</sup> *Primary concerns: older people's access to primary care*, Age Concern Policy Unit, 2008

<sup>259</sup> *Living well in later life: a review of progress against the National Service Framework for Older People*, Healthcare Commission, Audit Commission and Commission for Social Care Inspection, 2006

<sup>260</sup> *Primary concerns: older people's access to primary care*, Age Concern Policy Unit, 2008

<sup>261</sup> *NHS Chiropody Services Summary Information for 2004-05, England*, Health and Social Care Information Centre, 2005

<sup>262</sup> *Impact assessment of guidance on footcare*, Department of Health, 2009

<sup>263</sup> *Foot morbidity and exposure to chiropody - population based study* Harvey I, Frankel S and Marks R, *British Medical Journal* 315 (7115, 25 October 1997): 054-1055

<sup>264</sup> *Indications of public health in the English regions. 9: Older people*, Association of Public Health Observatories and West Midlands Public Health Observatory (APHO), 2008

[www.wmpho.org.uk/resources/APHO\\_OP.pdf](http://www.wmpho.org.uk/resources/APHO_OP.pdf)

*per cent of older people who needed footcare in the South West region had used an NHS service compared to 59 per cent in the Northern region.”*<sup>265</sup>

The Department of Health has carried out a review of footcare services across the country to see what is available to older people. It has found plenty of good examples of services, but sometimes these are delivered in an uncoordinated way.<sup>266</sup>

### ***Access to footcare in care homes may be poorer than in the community***

A study of the treatment of people with diabetes in care homes found that 62 per cent of older people with diabetes had paid for their own chiropody.<sup>267</sup>

### ***There is a need for commissioners to ensure older people have equitable access to basic footcare***

The principal issue is that discrimination could be seen to be implicit in the general lack of priority for, and under investment in, community services, such as footcare services, that benefit older people. The *NSF for Older People* referred to one form of discrimination being a low overall rate of interventions that are relatively more important for older people and this is likely to be the situation in many parts of the country for footcare services.<sup>268</sup>

The need is for low-level, basic footcare. This could involve as little as teaching individuals how to care for their own feet. Such low-level services do not normally attract the attention of commissioners. Good footcare leads to reduced pain, increased mobility, increased self-esteem, increased participation in leisure and cultural activity and increased physical activity. In turn this can lead to wider positive outcomes such as older people remaining independent for longer and a reduction in falls.<sup>269</sup>

### ***There is some evidence for the cost-effectiveness of footcare services***

Despite the low priority given to foot problems in the NHS, health economic assessment suggests that the cost effectiveness of chiropody surpasses other interventions. One study found the apparently low benefit, but low-cost service of chiropody to be a potentially cost-effective use of NHS resources.<sup>270</sup>

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<sup>265</sup> *Primary concerns: older people's access to primary care*, Age Concern Policy Unit, 2008

<sup>266</sup> *Footcare services for older people*, Department of Health, 2009

<sup>267</sup> *Diabetes in institutionalised elderly people: a forgotten population?* Benbow S J, Walsh A and Gill G V, *British Medical Journal* 314 (7698, 28 June 1997) : 868-1869

<sup>268</sup> *Ageism and age discrimination in primary health care in the United Kingdom*, CPA, May 2009

<sup>269</sup> *Impact assessment of guidance on footcare*, Department of Health, 2009

<sup>270</sup> *Chiropody and the QALY: a case study in assigning categories of disability and distress to patients*, Bryan S, Parkin D, Donaldson C, *Health Policy* 18 (2) : 169-185/1991

## 10.4 Drivers and policy imperatives

The importance of assessing needs for footcare (as part of the Single Assessment Process) was highlighted in the *NSF for Older People*<sup>271</sup>, and again in *A new ambition for old age*.<sup>272</sup>

The *NHS Next Stage Review* points out that because people are living longer there is a need to proactively identify and mitigate health risks. This includes supporting people to take responsibility for their own health and helping them to live independent and fulfilling lives.<sup>273</sup>

In 2006 the regulatory body, the Commission for Healthcare Audit and Inspection, called for the Department of Health to improve access to both good quality podiatry and general footcare services by requiring primary care trusts to commission adequate provision of services.<sup>274</sup>

The Government's 2009 strategy *Be active, be healthy: A plan for getting the nation moving* highlights the value of physical activities like walking and dancing to encourage older people to be more active.

The *Prevention Package for Older People*<sup>275</sup> encourages local health and social care commissioners to give priority to services that maximize health, wellbeing and independence in later life and re-emphasises the benefits of commissioning appropriate services in response to the cross-Government Ageing Strategy and the Equalities Act.

## 10.5 What good age-equal practice might look like

Commissioning an adequate amount of good basic footcare services (as outlined above) would promote age equality and avoid the possibility of discrimination through under-prioritising a service that is particularly beneficial to older people.

Successful models of footcare provision have the following characteristics:

- robust governance arrangements
- the development and maintenance of individuals competent to carry out footcare activities
- robust pathways of care with clear guidance on when people access podiatry or footcare services – i.e. access criteria, referral policies, policy on transfer between services
- regular service reviews, including patient satisfaction surveys

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<sup>271</sup> *National Service Framework for Older People*, Department of Health, 2001

<sup>272</sup> *A new ambition for old age*, Department of Health, 2006

<sup>273</sup> *High Quality Care For All – NHS Next Stage Review Final Report*, Lord Darzi, Department of Health, 2008

<sup>274</sup> *Footcare services for older people*, Department of Health, 2009

<sup>275</sup> *Prevention Package for Older People*, Department of Health, 2009

- evidence of meeting infection control standards
- appropriate and safe environment for provision of footcare services
- clear information about whether this service is free at the point of use or requires a financial contribution from the individual
- relevant mandatory training, including health and safety and safeguarding. <sup>276</sup>

Key actions for commissioners include discussions with all providers of footcare services regarding:

- which footcare interventions are already being delivered locally
- how well these services are performing
- which groups or communities are most at risk of being unable to access the service
- where there are gaps and under-provision
- where there is scope for better coordination between services
- ensuring that services are designed and delivered so that they are age-appropriate, especially in responding to the needs of older people and their carers.

It is also vital to include older people, particularly those most at risk of exclusion, in needs assessment and the commissioning process.

## 10.6 Case studies of illustrative / good practice

### **Social services home care and podiatry**

Best Foot Forward is a joint footcare initiative between Gloucester Primary Care Trust's NHS podiatry service and the county council home care service. Home care assistants are trained by NHS podiatry to provide footcare in people's own homes. The initiative has the added benefit of improving job satisfaction for home care assistants, who are overseen by the podiatry service.

#### **Further information**

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<sup>276</sup> *Footcare services for older people*, Department of Health, 2009

## **Age Concern and PCT partnership**

The Feet First service is provided by Age Concern Surrey in partnership with Woking Borough Council and Surrey Primary Care Trust to support older and disabled people in the local community. Feet First provides simple footcare which includes nail care, filing of callus, advice on self-care and guidance on suitable footwear.

The remit of the service is to provide footcare to the level which a well and able adult could do for themselves; it does not offer podiatry/chiropractic treatment. The general aims are to ensure comfortable feet to help keep people mobile and independent with a reduced risk of falling and prevent, where appropriate, deterioration of foot health to a level where professional input is necessary.

The success of the service has led to increased demand and extension into other areas. Staff undergo a six-week validated training programme through local NHS podiatry departments.

### **Further information**

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## **Commissioning additional podiatry services**

Following a comprehensive review and options appraisal, Westminster Primary Care Trust has commissioned additional footcare services from the current NHS podiatry service. The service will be delivered by trained footcare assistants who will benefit from supervision by registered podiatrists and easy access to qualified staff where clinical needs change beyond their scope of practice. Service delivery will benefit from a skills mix, internal governance and communication systems.

### **Further information**

For details contact Mark C Brogan

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## Commissioning new roles

A Suffolk community healthcare staff training programme has created 100 new 'generic worker' posts to support seven areas of care: aspects of podiatry, occupational therapy, physiotherapy, nursing, medicines management, nutrition and mental health. Participants undergo specific training in anatomy, physiology, common foot conditions, footwear and footcare, ending with clinical practice and a competence assessment.

Generic workers can help service users manage their own footcare as well as possible by offering advice on self-management and information on where to go for further care or to buy equipment, if necessary.

### Further information

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## 10.7 Suggestions for quick wins / what you can do now

- Review provision of basic footcare and chiropody services with all local providers and older people to seek the best solutions to improve provision locally.
- Investigate inequalities in access to footcare services and seek solutions to improve access for all.
- Train existing staff that have regular contact with older people, e.g. healthcare assistants and community and practice nurses, in basic footcare.
- Ensure that footcare services are included in the Joint Strategic Needs Assessment.
- Implement Department of Health guidance on commissioning footcare services.<sup>277</sup>

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<sup>277</sup> *Footcare services for older people*, Department of Health, 2009  
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