

3 July 2017		ITEM: 8
Health and Wellbeing Overview and Scrutiny Committee		
Podiatry Services in Thurrock		
Wards and communities affected: All	Key Decision: N/A	
Report of: Mark Tebbs, NHS Thurrock CCG		
Accountable Head of Service: Mandy Ansell – Accountable Officer, Thurrock CCG		
Accountable Director: Mark Tebbs, NHS Thurrock CCG		
This report is Public		

Executive Summary

The CCG was asked to complete a report on CCG funded podiatry services. The report provides a broad overview of current local provision compared to The Society of Chiropodists and Podiatrists best practice guidance (2010).

Since April 1 2013, clinical commissioning groups (CCGs) were given the power to decide what footcare services to commission for their local area. Guidance by the National Institute for Health and Care Excellence (NICE) recommends that footcare services related to long-term conditions such as diabetes, peripheral arterial disease and rheumatoid arthritis should be available on the NHS.

However, there is no NICE guidance for foot health provision that is not associated with a long-term condition. This means that each individual CCG decides on what to make available on the NHS, depending on local need. The Thurrock CCG level of provision is the same as the neighbouring Basildon and Brentwood CCG.

NHS choices advises that if your condition is not affecting your health or mobility – such as a verruca that looks ugly, but doesn't hurt when you walk – you are unlikely to be eligible for NHS podiatry.

The report, therefore, provides a summary of CCG funded services and pathways.

1. Recommendation(s)

1.1 The committee are asked to note the content of the report.

2. Introduction and Background

- 2.1 The Society of Chiropractors and Podiatrists developed guidance (2010) in response to the challenges facing the NHS and Independent Practice to increase quality, innovation, productivity and prevention (QIPP) whilst continuing to deliver services in times of austerity.

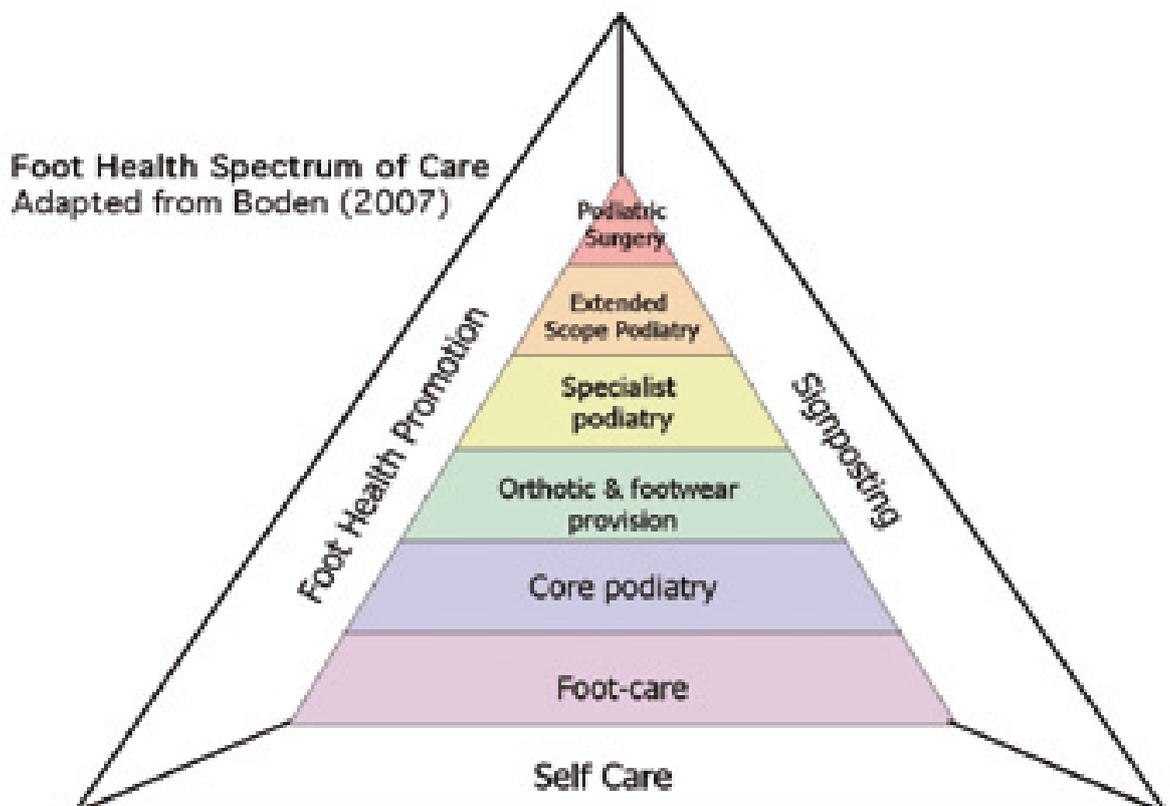
This guide focuses on the importance and benefits of podiatry in:

- reducing secondary care intervention
- maintaining independence of vulnerable groups through good foot health
- preventing mobility difficulties through earlier intervention allowing patients to remain in their own homes.

The document offers commissioners and managers of healthcare services guidance on the different clinical aspects of podiatry provided in both in the NHS and the private sector.

The following diagram (Figure 1) illustrates the full spectrum of foot health care and each section in this document reflects the different levels of care shown. Foot health promotion is an integral part of delivery at all levels of podiatric care and will be considered under each section.

Figure 1.



3. Issues, Options and Analysis of Options

3.1 Table comparing Thurrock provision against The Society of Chiropodists and Podiatrists Best Practice Guidance:

Pathway	The Society of Chiropodists and Podiatrists Best Practice Guidance (2010)	Thurrock provision.
Self-Care	Many foot conditions can be appropriately and safely managed by individuals themselves without ever becoming 'patients' if they have the confidence to do this safely and are equipped with the necessary skills and knowledge. There are many foot health advice leaflets available from the Society of Chiropodists and Podiatrists (SCP) and other sources.	Links available via the Thurrock Council Website.
Foot Care	Simple footcare is defined as toenail cutting and skin care including the tasks that healthy adults would normally carry out as part of their everyday personal hygiene. For various clinical, medical and physical reasons some individuals are unable or it would be too risky for them to undertake this themselves. Footcare is therefore an extremely important aspect to support an individual's ability to remain at home, mobile and pain free whilst the regular check during appointments act as an early detection system ensuring prompt treatment and prevention of more serious foot health problems from developing.	Available via Age UK. Clinics are held at easily-accessible venues throughout Essex. (There is an initial registration fee of £5 and a charge of £15 every time you have your toenails trimmed). If you cannot attend toenail cutting clinics, they also offer home visits to people who live in Thurrock. (There is an initial £5 registration fee for toenail cutting home visiting service and each trim costs £20).
Podiatry Care	Core podiatry is defined as, the assessment, diagnosis and treatment of common and more complex lower limb pathologies associated with the toenails, soft tissues and the musculoskeletal	Referrals will be accepted by EPUT from primary, community and secondary care. The objectives of the EPUT Community Podiatry Service are to:

	system with the purpose of sustaining or improving foot health.	<ul style="list-style-type: none"> • Assess, monitor and treat those Service Users with long term conditions which compromise health and mobility and independence – diabetes, peripheral vascular disease, rheumatoid arthritis or structural deformity. • Provide a surgical option for acute/chronic nail pathologies • Provide biomechanical management of structural and mechanical abnormalities of the foot and lower limb in relation to gait and foot function. • Maintain mobility and independence • Provide podiatric specialist wound care and tissue viability advice and information • Provide health education information to Service Users around foot health, self-care, and signposting Service Users as appropriate to other information e.g. smoking cessation, nutrition and exercise materials and resources. • To assess nail health requirements and provide appropriate management of pathological nail conditions • Provide expert Podiatry advice and information to other professionals • In addition the individual will have a systemic medical condition, which may render them to be ‘at risk’ of ulceration, infection or amputation. <p>Exclusion Criteria:</p> <p>The following services are outside the scope of this service level agreement and are not offered to Service Users:</p> <ul style="list-style-type: none"> • Treatment of Verrucae
Orthotic and footwear	Musculo-skeletal biomechanics is an important component of podiatry practice and links with other areas of podiatric practice such as patients with diabetes, rheumatoid and osteo arthritis often involving multi and interdisciplinary work across primary, secondary and tertiary care. This collaboration can extend to hospital prosthetists and orthotists in surgical appliance and therapeutic footwear provision within secondary care.	
Specialist Podiatry	Specialist areas in podiatry relate mainly to long term conditions.	

		<ul style="list-style-type: none"> • Nail cutting for pathological nails other than in high risk groups. • Nail cutting for non-pathological nails • Non-disabling Keratoma • Sports Injury Services • Podiatric Surgery Services
Podiatric Surgery	Podiatric Surgery is the surgical treatment of the foot and its associated structures. It is carried out by a podiatric surgeon, usually as a day case procedure and under local anaesthetic. Podiatric surgery is available in many NHS trusts as well as in private hospitals and clinics. A podiatric surgeon manages bone, joint and soft tissue disorders.	Referrals to BTUH from primary, community and secondary care

4. Reasons for Recommendation

4.1 n/a

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 n/a

6. Impact on corporate policies, priorities, performance and community impact

6.1 n/a

7. Implications

7.1 Financial

n/a

7.2 Legal

n/a

7.3 Diversity and Equality

n/a

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

n/a

8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

The Society of Chiropractors and Podiatrists: A guide to the benefits of podiatry to patient care (2010).

9. **Appendices to the report**

n/a

Report Author:

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