Service	Podiatry – including core, specialist and domiciliary (South and Mid Notts)
Service specification number	P012

### National/local context and evidence base

The following are extracts from A Guide to the Benefits of Podiatry to Patient Care, The Society of Chiropodists and Podiatrists, 2010:

Foot and lower limb problems are common and are a significant cause of ill health, pain and disability and can lead to impaired balance increasing the risk of falling. It is estimated that eighty percent of older people have foot related problems (Harvey et al. 1997) and in an ageing society the prevalence of chronic foot problems will rise significantly (Levy, 1992).

General health and/or social problem are often detected by podiatrists who signpost patients to the appropriate agency, the self-referral process and community accessibility for these patients often proves to be the first point of contact for treatment and the podiatrist may be the first healthcare professional to assess their care need.

Podiatry and foot health services are important to the public and this has been supported by the Government in the following publications:

- Health Care Commission Report ref C200601\_0118, March 2007
- Best Foot Forward, Help the Aged 2006 and Age Concern, Feet for Purpose 2007
- Parliamentary Early Day Motion 777 to improve NHS Access to foot health services
- Alan Johnson Statement May 2008, 'development of good foot health services will be a priority objective
  of the national prevention plan'.

## 2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	Х
Domain 3	Helping people to recover from episodes of ill-health or following injury	X
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	Х

#### 2.2 Local defined outcomes

To provide safe, cost effective and high quality podiatric care to increase mobility and independence that is reflective of local needs.

Enable patients to reach their optimum level of foot health and mobility function as a result of a comprehensive podiatric assessment and an effective treatment as described in the individual care plan.

Enable patients to have access to a service which encompasses prevention, self-management, and the treatment and management of foot disorders arising through long term conditions, infective, or systemic disease using recognized podiatric interventions, including biomechanical management and nail surgery.

### 3.1 Aims and objectives of service

#### Aims

- Provide the most appropriate foot treatment and support at the right time
- Enable the most complex conditions to be appropriately managed within the most appropriate setting
- Be responsive to the needs of the patients and commissioners
- Be innovative and strive for continual improvement

## **Objectives**

- Podiatry Services are commissioned to provide assessment, diagnosis, treatment, education and advice within the clinic setting for a range of foot disorders and conditions where there is reduced mobility and independence, including advice on prevention and self-management. This service also includes domiciliary visits within the specified criteria.
- The service will aim to reduce complications and foot ulceration associated with high risk long term conditions through early intervention and education. Also to reduce/prevent potential falls with subsequent reduction of unnecessary visits to A&E and hospital admissions
- Provide surgical option for nail pathologies
- Provide management of foot pain associated with foot function and/or structural abnormalities for common foot and ankle conditions
- Provide footwear advice and orthotics as part of a personalized care plan
- Provide foot health education information and public health information and to signpost to services
- Contribute towards falls prevention and maintain mobility and independence

### 3.2 Service description/care pathway

Core podiatry - the assessment, diagnosis and treatment of common foot pathologies associated with toenails, soft tissues and the musculoskeletal system with the purpose of sustaining or improving foot health' (Farndon, 2006), will be delivered on the basis of both podiatric and medical need, to ensure that care is prioritised for those at highest risk.

MSK Podiatry – includes the specialist assessment of the foot and lower limb function, and will be priorititsed for those with joint and/or soft tissue foot/ankle pain which is either preventing normal daily activities (e.g. work, walking, sports), or affecting foot function, foot deformity which may cause ulceration.

Nail Surgery - involves the injection of local anesthesia to the digit and either partial or complete avulsion of the nail plate with or without matrixectomy. This treatment is not suitable for children under the age of 5

Domiciliary visits are available to patients assessed as housebound within agreed protocol

### **Care Pathway**

The key stages along the core pathway are:

- 1. Referral
- 2. Triage
- 3. Clinical assessment
- 4. Treatment
- 5. Onward Referral
- 6. Discharge

### **Patient Referral and Access Criteria**

All referrals into podiatry are triaged according to access criteria, and people who meet the criteria are offered an initial appointment where medical, vascular, neurological and foot pathology needs are assessed.

To ensure a consistent approach to patient assessment for access to podiatry provision, the following referral criteria/assessment tool is used.

**Nottinghamshire Podiatry Access Criteria** 

		Active Foot Ulceration (with/without Infection)	
		, ,	
		Previous foot ulceration	
	Podiatric need	Previous non-traumatic amputation	
		Painful nail deformity	
		Ingrowing toenail (with/without Infection)	
		Painful or pathological callus/ hyperkeratosis/ corns	
Dothway A.		Foot deformity (including chronic Charcot)	
Pathway A: Core Podiatry	Medical need	Diabetes with moderate/high foot risk (NICE NG19 classification)	
Requires both podiatric and medical need		Peripheral Arterial Disease	
		Peripheral Neuropathy	
		Inflammatory arthropathies (such as Rheumatoid Arthritis)	
		Autoimmune Conditions (such as Scleroderma, Lupus)	
		Neurological Disorders (such as Parkinson's disease, Motor Neurone disease, Multiple Sclerosis)	
		Stage 4+ CKD/Renal Replacement Therapy/Renal Transplant	
		Chemotherapy (Possible discharge once ceased)	
		Immunosuppression	
	Foot deformity which may cause ulceration		
Pathway B: MSK	Joint and/or soft tissue foot/ankle pain which is either preventing normal daily activities (e.g. work, walking, sports), or affecting foot function		
	daily activities (e.g. work, waiking, sports), or affecting foot function		
	People rea	uiring nail surgery (patients aged 5+ years)	
	Onychocryptosis (ingrowing toenail penetrating soft tissue) with or without		
Pathway C:	infection		
Nail Surgery	Involuted	nails (curvature of the nail plate) or Chronic nail conditions	
Hun Gurgory	(including onychauxis, onychogryphosis, onycholysis, psoriatic nails, and		
	onychomycosis) where conservative management has not brought about necessary symptomatic relief and/or causing mobility problems		

The biomechanics and nail surgery elements of core podiatry are commissioned for all groups, all other elements of the core podiatry service are only commissioned for the increased risk group of patients. On occasion, people who do not meet these criteria may still be referred and treated under this specification but only if the GP practice has sought and received prior approval from the ICB.

At the initial assessment, the Podiatrists will then apply the risk stratification to assess which pathway patients align with and arrange a care plan. This may include using the access criteria, and medical and podiatric needs criteria to assess the patient as to their matrix position.

### **Risk Stratification**

Core Podiatry (A)	MSK (B)	Nail Surgery (C)
Requires BOTH Medical and Podiatric Need		

VERY HIGH RISK (1)  Advanced or Specialist Pod	Active Foot Ulceration or feet that require urgent care to prevent amputation	Severe foot deformity which may cause ulceration  Severe loss of function	IGTN with infection requiring urgent (non-elective) nail surgery	
HIGH RISK (2) Specialist Pod	Feet that require frequent treatment to prevent ulceration	Active foot/ankle pain which is preventing normal daily activities e.g. work, walking, sports	IGTN requiring elective (non-urgent) nail surgery	
MODERATE RISK (3) Podiatrist or Pod ass	Feet that require regular podiatric input to maintain foot health and prevent further problems	Active foot/ankle pain which is limiting normal daily activities e.g. work, walking, sports	Severe O/X, or deformed nail causing difficulty with footwear requiring elective (non-urgent) nail surgery	
LOW RISK (4) Discharge	<ul> <li>Corns, callus, and nail conditions in patients with no or low medical risk</li> <li>Asymptomatic foot conditions</li> <li>Fungal nail and skin conditions</li> <li>Verrucae</li> <li>No podiatric problems with feet</li> <li>Foot deformity with minimal risk of ulceration</li> </ul>	Little or no limitation to normal daily tasks e.g. work, walking, sports.	In-growing, O/X or deformed toenail with no inflammation/infection or not causing difficulties with footwear or mobility.  (assess as per core podiatry pathway)	
Not eligible for NHS Podiatry = plan for discharge				

**Other triage options:** Referrals for people with diabetes requiring emergency foot care will be referred within 24 hours to the multi- disciplinary foot team in the secondary care setting using their mode of referral.

Patients should be referred back to GP with management plan if no treatment is required within podiatry service.

## Promotion and support of self-care

Patients will be encouraged to self-manage their condition if appropriate through the provision of relevant health education.

This will be supported by patient information leaflets which are available in other languages on request.

# **Discharge Criteria**

Patients are discharged from the service when any of the following are the case:

- Patient and clinician agreed goals are met and there are no long term needs
- The patient is assessed to be competent to self-manage their foot health
- Care is transferred to another service
- The patient has demonstrated poor attendance or compliance with interventions
- No contact from patient for over 6 months
- People with Very High Risk feet are contacted and offered a follow up appointment before

discharge if there has been no contact for 6 months

# **Discharge Procedure (Care Transfer)**

The Provider will be responsible for ensuring that the referring GP is sent a typed discharge summary letter outlining the management plan and patient advice following discharge. This will be furnished within 10 working days of discharge. The patient will be sent a copy of the discharge letter and treatment plan in accordance with DoH policy.

All aspects of this service specification must be fully complied with. If any aspect is not achieved this constitutes non-compliance and must be discussed with Commissioners at the earliest opportunity for a way forward to be agreed.

### **Transition from Children's to Adult Services:**

The service will work in partnership with Children's and Adult commissioners, the Community Children and Young People's Healthcare Service and related services involved in the care of young people with additional health needs including disability and complex needs and those requiring support specific to this service specification to ensure seamless continuity of care during transition from children's to adult services.

Proactive planning and care pathways will be developed in line with local and regional transition guidance and the Together for Short Lives transition care pathway

(http://www.togetherforshortlives.org.uk/professionals/care\_provision/care\_pathways/transition\_care\_pathway) which provides a generic framework that can be adapted locally to plan services specifically for teenagers and young adults with life threatening, life limiting or complex medical conditions. The pathway sets out six standards that should be developed as a minimum, with the aim of achieving equality for all young people and families, wherever they live.

Development of transition planning and processes will include the following:

- Workforce development to meet the needs of young adults during and following transition
- Use of Nottingham ICCYPH Programme Families' Statement of Expectations as guiding principals
- Continuation of the personalisation approaches and systems used by they young person/adult
- Statutory duty to contribute to and provide services to young people/adults within Education Health and Care Plans (EHCP) up to age 25 in line with SEND legislation (<a href="http://www.gov.uk/government/publications/send-managing-changes-to-legislation-from-september-2014">http://www.gov.uk/government/publications/send-managing-changes-to-legislation-from-september-2014</a>)
- Reference to the recommendations within the Nottinghamshire Joint Strategic Needs Assessment Children's Chapter – Transitions (<a href="http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire-JSNA.aspx">http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire-JSNA.aspx</a>)
- Everybody's Business: East Midlands Best Practice Guidance for Young People Moving on from Children's Services November 2014 developed by the East Midlands Networks. Further work is being undertaken locally regarding this document and therefore should not be seen as definitive guidance.

## 3.3 Population covered

Any patient registered with a GP in the South Nottinghamshire Place Based Partnership or Mid Nottinghamshire Place Based Partnership

The service is also provided to those residents within the prison estate.

# 3.4 Any acceptance and exclusion criteria and thresholds

The service accepts referrals from GP's and other Healthcare professional (excluding Social Workers, Nursing Home staff or Care Agencies) via F12 electronic referral, or secure email of referral form.

The service specification does not cover:

- Personal foot care defined as toenail cutting and skin care including the tasks that health adults would normally carry out as part of their everyday personal hygiene
- Podiatric surgery
- Complex biomechanics

- Podiatry for children with concurrent medical conditions
- Annual diabetic foot checks

# 3.5 Interdependence with other services/providers

- Infection Prevention and Control network
- Trauma and orthopaedics group
- Central Nottinghamshire Diabetes Network Clinical Care and Pathways Sub Group
- Management of Patients with Diabetes and Associated Foot Problems Meetings
- Allied Health Professional forum
- Patient, Carer and Public Engagement forum
- District Nursing Service
- Community Diabetes Nursing Service
- Community Nutrition and Dietetics Service
- New Leaf
- MSK Physiotherapy
- Social Services

## **Applicable local standards**

POCS podiatric outcomes score Patient Satisfaction Surveys 13 week maximum wait for first appointment Patient opinion

Services need to be accessible to patients within South Nottinghamshire Place Based Partnership and Mid Nottinghamshire Place Based Partnership.