

South Staffordshire 
 Primary Care Trust

**REPORT TO THE PROFESSIONAL EXECUTIVE
 COMMITTEE
 TO BE HELD ON: 11th March 2009**

Enclosure:					
Subject:	Community basic foot care service				
Lead Director:	Geraint Griffiths				
Lead Officer:	Liz McCourt				
Recommendation:	For Approval	x	For Discussion		For Information

PURPOSE OF THE REPORT:

Cannock and Seisdon PBC have identified a need for a low level basic foot care service for elderly and infirmed patients. In 2000 the Health Authority withdrew basic nail care provision and this service is not currently available on the NHS.

Age Concern has campaigned for this service to be funded. It has been highlighted as good practice in reducing falls, improving quality of life and keeping older people active and placing fewer burdens on other parts of health and social care.

KEY POINTS:

- Commission a basic toe nail cutting service for Seisdon & Cannock for elderly and infirmed patients
- Delivery can either be through a willing provider basis or to commission as part of the NHS Podiatry service.
- Service will improve mobility, reduce risk of falls and improve quality of life.

IMPLICATIONS:

Legal and/or Risk	Providers will be registered with HPC
Standards for Better Health	Providers are required to meet NHS standards and are required to use disposable instruments
Financial	Funding already identified within PBC 08/09 developments
Training	None
PBC	Both Cannock and Seisdon PBC support this proposal. It has been highlighted as a priority from patient groups.

Other	<p>National operation Framework 2009/10 highlights the need for improved chiropody services for the elderly.</p> <p>World Class Commissioning Competency 7 requires the PCT to effectively stimulate the market to meet demand and secure required clinical, health and well being outcomes. World Class Commissioning Competency 8 requires the PCT to promote and specify continuous improvements in quality and outcomes through clinical and provider innovation and configuration. The PCT needs to use its 'investment power' to create local providers in order to shape the market and provide real choice for patients.</p>
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RECOMMENDATIONS / ACTION REQUIRED:

PBC governance to approve proposal

Outline Commissioning Specification for a Community Foot Health Service

Background:

In the year 2000, South Staffordshire Health Authority requested that indirect savings were made by the Podiatry service of South Staffordshire Healthcare by reducing access of people to Podiatry services for basic nail care and applying a medical model of access to the service. This involved the discharge of many patients who received basic nail care and foot care services. It was agreed that there would be no new investment in Podiatry services for 5 years.

Subsequently, in 2007 Cannock carried out an audit of their residents in relation to the need for a general foot care service. This audit indicated that residents were unable to cut their own toe nails and do not have appropriate support from family or carers or are unable to access private provision. These patients would benefit from basic foot care but would not meet the access criteria for statutory Podiatry services.

Basic foot care is often seen as a 'social service' for elderly people. However, it is quickly being recognised as highly important in enabling older people to maintain a healthy independent lifestyle and one of the key elements in reducing the risk of falls. There is a large amount of research, mainly from America and Australia that indicates that good foot health is paramount in reducing the risk of falls in the elderly. PCT's and commissioners have a duty to provide services that promote health, independence and well being.

'Our Health, Our Care, Our Say' (DH 2006) stresses the importance of more personalised care delivered closer to the patients home. It recommends better coordination between Statutory services, voluntary sector services, private sector services to deliver choice and preventative services rather than services that respond in a crisis situation

Case for change

- 31% of older people are unable to cut their own toe nails
- One in five people aged 65 and over cannot walk 200 metres without discomfort or stopping
- More than half of new episode of foot care are for people aged 65 and over
- From 1996/97 – 2004/05, there was a 20% reduction in new episodes of care in NHS Podiatry
(‘Feet for purpose’ Age Concern & Society of Chiropodists and Podiatrists)
- NSF for the older person – Standard 6 Falls
Standard 8 Promotion of health & active life
- NSF for long term conditions – Risk reduction
- NSF for Diabetes

Purpose

Cannock Chase Locality covers a population of approximately 128,200. Seisdon locality covers a population of approximately 45,929. This proposed service will deliver a safe and effective basic foot care service to a limited number of patients of the Cannock & Seisdon locality. The service will deliver a toe nail cutting service and removal of hard skin for the elderly and infirmed.

Patients upon recommendation from their GP will be referred to the foot care service to see a HPC registered podiatrist (appendix 1). The referral form is sent to the Cannock PBC office for processing. Once the referral has been updated onto the confidential database, the patient will be written to with the contact details of chiropodists available in the area. They will be given a unique reference number, which they need to quote to the chiropodist. The reference number will be used in all correspondence. This will maintain patient confidentiality. The patient pathway is outlined in appendix 2.

Only suitable 'low risk' patients will be identified and referred to this service. If after assessment by the foot health professional, the patients are found to be higher risk and meet the criteria for statutory Podiatry services, they will be informed to request a suitable referral from their GP.

Target audience

This service is primarily aimed at people who for a variety of reasons are unable to cut their own toe nails. The service would benefit people falling into the following categories:

- Older people who can no longer reach their own toe nails and have no support to assist them
- Medical conditions preventing a person from cutting their own toe nails eg arthritis
- Operation has left a person feeling dizzy when they bend eg knee/hip operation
- Have a sight impairment

Willing Provider

This service will be offered on a willing provider basis. If a provider meets the service specification and price they will be eligible to provide this service. It is anticipated that some private providers will be commissioned to provide this service.

An exercise has already been undertaken to seek expressions of interest before pursuing this route. The responses received to date have been extremely positive.

Aims of the service

- The service as a minimum requirement will operate 5 days per week from 09.00am – 16.30pm (excluding bank holidays)
- Toe nails to be cut every 10 weeks. It is anticipated that a person would not be seen more than 5 times within a 12 month period.
- This new service will operate as a domiciliary service, delivered to patients in their own homes. This will ensure patients' with mobility problems are treated equitably and reduce the demand on already overstretched voluntary transport schemes.
- The service will offer a choice of date and time to meet the needs of the patients, not the service.
- To promote independence and well being. In tandem with the basic foot care, the service will also offer education on how to look after your feet, such as:

washing feet correctly, self help, identification of risks associated with foot problems and complications, how to apply a simple dressing.

- Work collaboratively with other agencies

Clinical Governance

- The service will use disposable Podiatry instrumentation (Health Act 2006 code of practice. Standards for Health DH)
- The foot health professional will be CRB checked.
- The foot health professional will utilise sharps boxes for disposal of instrumentation
- The foot health professional will provide evidence of current HPC registration on an annual basis. Commissioner will be responsible for checking valid registration on the HPC website.
- The foot health professional will provide evidence of Continued Professional Development on an annual basis
- An annual audit will be carried out to ensure patient satisfaction with the service
- The foot health professional will provide evidence of adequate insurance cover on an annual basis
- Each patient will undergo an initial general assessment for their eligibility by their own GP
- The foot health professional will carry out a more detailed assessment at first appointment. If patients' needs are more complex they will need to be advised to see their GP for assessment of eligibility for statutory services.
- All clients will be asked to sign consent to treatment form at first appointment. This form will detail the treatment that will be administered
- Annual reviews of clients eligibility to receive treatment will be undertaken by the clients GP
- The foot health professional will keep accurate and current records detailing each patient contact. These records will be kept for 8 years in line with NHS requirements. Each record should be written in long hand and include a legible signature and date and time of treatment. Initials are not sufficient
- The foot health professional will develop procedures for the accurate recording of any accidents that happen and action taken or any sudden changes to the patients' foot health, for example, referral back to GP to assess eligibility for NHS Podiatry services
- All records will be kept in line with the Data Protection Act (1998)

Service outcomes

- To reduce the number of falls in the elderly
- To increase physical activity in the elderly
- To reduce the number of inappropriate referrals to statutory Podiatry services
- To offer an initial assessment appointment within 2-4 weeks
- To produce a personalised care plan for each patient
- Improve the quality of foot health service provision to the locality of Cannock & Seisdon

Complaints

Complaints will be managed in accordance with NHS complaints procedures. First point of contact will be the PALS West team, based in Cannock. The patient leaflet will contain contact details.

Indicative activity levels

It is proposed to commence the service with 150-200 service users for both PBC localities.

Contract period

The agreement will run for 12 months from commencement of service delivery.

Key Performance Indicators and Monitoring

- To report the number of patients assessed
- To report the number of patients treated
- To report the number of patients referred back to GP for onward referral to statutory Podiatry services
- Clinical outcomes of all patients managed by the service
- To report the number of weeks each patient is in contact with the service and the number of interventions.
- Bi annual patient satisfaction surveys.
- To report the number of 'rejected' referrals and reasons why
- To report the number of referrals that are not responded to within the specified time period and reasons why

Referral criteria exclusions

- Foot deformities – structural abnormalities will not be treated ie. Osseous deformities or thickened damaged or fungally infected nails.
- Corns will not be treated. Clients are advised to seek NHS or private Podiatry care.
- Soft tissue injuries or pains (heel pain etc) are not treated. Clients are advised to seek NHS or private Podiatry care.

- Ulcers, infected and non infected wounds, fissures in the skin are not treated. Clients are advised to seek NHS or private Podiatry care.

Contraindications for general foot health service are:

1. Deformed, abnormal or thickened nails (e.g. onychogryphosis)
2. Patients with a history of ingrowing toenails which are likely to give further trouble
3. Potentially compromised circulation of the feet (e.g ulcers, peripheral vascular disease, diabetes)
4. Patients with skin conditions affecting the feet
5. Patients on treatment for diabetes or hypothyroidism
6. Patients receiving steroids, anticoagulants or immunosuppressives
7. Foot deformities restricting access to the nails
8. Patients with generalised foot pain who will need more extensive evaluation and treatment.

Proposed costs

Proposed cost per patient contact

	£	£
Home visit	20.00	30.00
Disposable instruments	3.60	3.60
Sharps box	1.65	1.65
Clinical waste/travel/sundries	5.00	5.00
Total	30.25	35.25

Suggestion is to offer range of £30-35 per contact. One option is to offer this on a willing provider basis, subject to providers meeting the requirements of the service specification.

The alternative is to commission a NHS provided service via the Podiatry department. Average price per contact will fall into the £25-£35 price range.

Patient engagement

Seisdon PBC has carried out a health survey in 2008 to identify any gaps in health services. Chiropody was one of the areas that the questionnaire highlighted as a gap and a need for elderly people.

Payment procedure

Payment will be made via an invoice per patient contact (see appendix 3).

GP REFERRAL FORM
FOOT HEALTH SERVICE

PATIENT DETAILS	
First Name	Surname
Address	DOB
Post code	GP Practice

Exclusions:

- Foot deformities – structural abnormalities will not be treated ie. Osseous deformities or thickened damaged or fungally infected nails.
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I have examined the patient’s feet and I am satisfied that this patient does not have any of the contraindications listed. Therefore, this patient is suitable for the general foot health service.

GP Signature

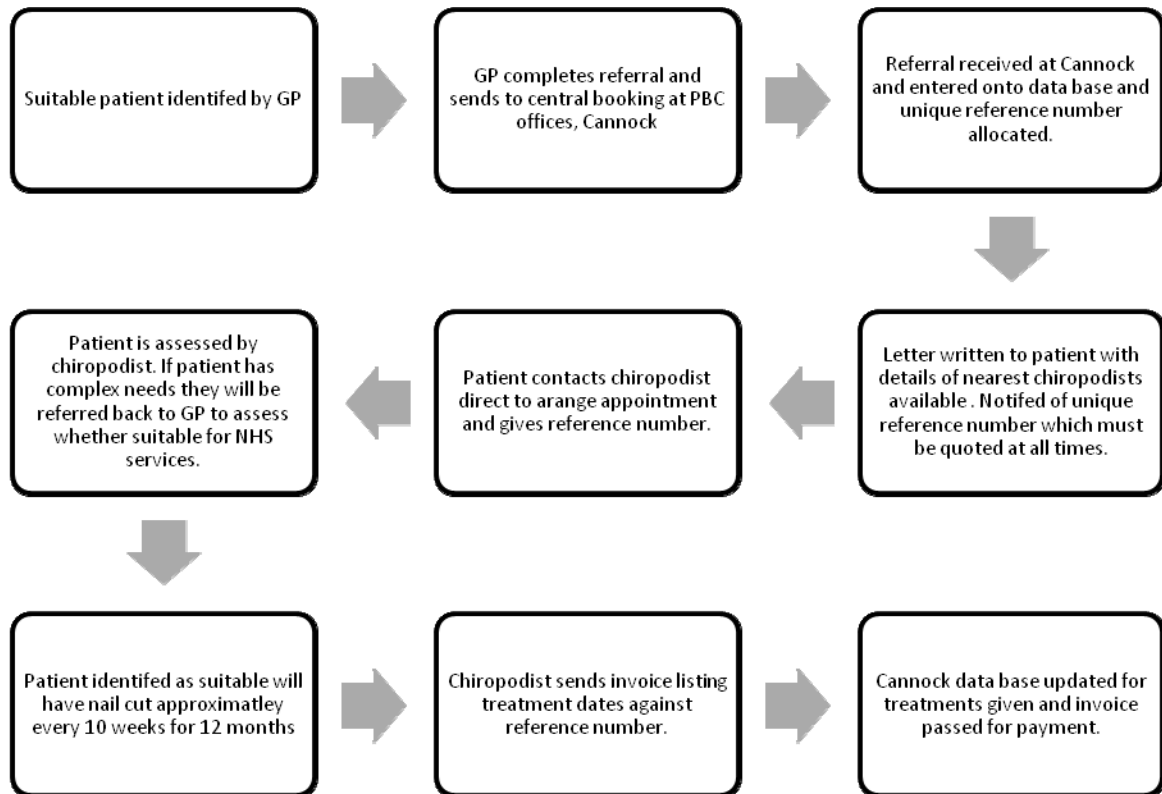
Date

Please return completed referral form to:
PBC West locality office, Beecroft court, Block D, Beecroft Road, Cannock,
WS11 1JP

THIS FORM IS NOT TO BE USED FOR STATUTORY PODIATRY SERVICES

Appendix 2

Patient pathway



Healthy Feet Foot Health Services

Seisdon Locality

Invoice

Client Reference Number	DOB
Date of treatment	Next treatment date
Description of treatment <input type="checkbox"/> Toe nail cutting <input type="checkbox"/> Removal of hard skin <input type="checkbox"/> Client discharged no longer requires service <input type="checkbox"/> Client discharged due to complex needs Other (please specify).....	
Signature Client	
Signature Clinician	
Date	

Reference number must be quoted on all correspondence.