

E: cno@gov.scot

Dear Colleagues

PERSONAL FOOTCARE GUIDANCE

1. This letter is to make you aware, on behalf of the Chief Allied Health Professions Officer, of the refresh to the Personal Footcare Guidance for Scotland.
2. This work has been developed in line with the emerging programme of work around Care and Wellbeing, NHS Recovery and the delivery of sustainable services which provide the people of Scotland with the right care, at the right time and in the right place.

Background

3. Demands on the NHS podiatry services have increased since the COVID-19 pandemic.
4. More than ever, it is pertinent for our healthcare resources to focus on provision that delivers best outcomes for people as set out by 'Delivering Value based Health & Care- a vision for Scotland (2023). To achieve better value, people should be supported to look after their feet and know when it is appropriate for them to seek support from NHS podiatry services.

Action

5. The revised guidance is in effect from the date of this letter.

Yours sincerely

Anne Armstrong
Interim Chief Nursing Officer

From the Chief Nursing Officer

Anne Armstrong

20 December 2024

DL (2024) 34

Addresses

For information

NHS Finance Directors
NHS Board Secretaries
NHS Chief Executives
NHS Chairs
NHS Chief Executives
AHP Directors
Executive Nurse Directors

Further Enquiries

Chief Nursing Officer
Scottish Government
St Andrew's House
Regent Road
Edinburgh
EH1 3DG

Tel: 0131 244 4000
E-mail: CNO@gov.scot

Personal Footcare Guidance

Foreword from the Chief Allied Health Professions Officer for Scotland

Good footcare is important and regular personal footcare can help individuals to remain active, mobile and independent. If carried out correctly, personal footcare can help identify and prevent future problems at an early stage by prompting individuals to seek help or specialist advice.

In 2013, The Scottish Government published the [Personal Footcare Guidance](#) which clearly set out the difference between personal footcare and clinical podiatry. It was developed in recognition of the fact that there is significant variation in practice across Scotland with regard to the provision of personal footcare and how it is signposted.

In 2024, I am pleased to present this refresh of the Personal Footcare Guidance which has been developed in line with the emerging programme of work around Care and Wellbeing, NHS Recovery and the delivery of sustainable services which provide the people of Scotland with the right care, at the right time and in the right place. It emphasises the importance of integrated care, prevention, anticipation and supported self-management.

Demands on the NHS podiatry services have increased since the COVID-19 pandemic. These are compounded by significant workforce challenges.

Empowering individuals to take the lead role in their care and equipping them with the necessary knowledge, abilities, and confidence to thrive within their homes or in a comfortable environment lies at the core of our person-centered objectives for the NHS in Scotland. Equally important is fostering an understanding of when to seek assistance from a clinical podiatrist.

I am grateful to all the members of the National Working Group commissioned to refresh this Guidance and appreciate their insights, resources and expertise. Thank you to all our partners who have worked with us to refresh this guidance.

Professor Carolyn McDonald
Chief Allied Health Professions Officer

1. Introduction

Good footcare really matters to people and regular personal footcare can help individuals to remain active, mobile and independent. Foot problems can lead to discomfort, pain, infection, ulceration and an increased risk of falling in older people. Personal footcare can contribute to a reduction of these problems by preventing them or by identifying them at an early stage prompting individuals to seek support and advice regarding further management.

Many individuals are able to carry out personal footcare themselves or with the help of relatives or a carer. However, for those who cannot, it is important that they can easily get assistance or local support.

The purpose of this document is to:

- Describe what is meant by personal footcare
- Provide clarity on the services and interventions that NHS podiatry services offer
- Provide examples of models that can support local provision of personal footcare
- Provide information on the educational resources available which offer help and support both for individuals and care providers in the provision of personal footcare

Who should read this information?

- Strategic leaders in health and social care service providers e.g. executive directors in health boards and local authorities
- Managers in health, social care, third and independent sectors, who are involved in planning or providing personal footcare services
- Managers of care at home services and their staff
- Managers of care homes and their staff
- Primary Care Health Professions including GPs, clinical staff (e.g. practice nurses, district nurses, allied health professionals).
- Any other health or care staff that may refer to podiatry (e.g. NHS24)
- Podiatry Managers and staff in NHS Boards
- Individuals who may need help with personal footcare
- Relatives, friends and carers who provide personal footcare support

2. Understanding Personal Footcare

The challenge publicly funded services face is to make sure they deliver safe, effective and person centred care. This is underpinned by best value, supporting empowerment and enablement for people where this is appropriate.

There is no doubt, demands on services have increased since the Covid-19 pandemic. These are further compounded by workforce shortages, leading to additional pressures on already stretched health and care services, including podiatry.

More than ever, it is pertinent for our limited healthcare resources to focus on provision that delivers best outcomes for people as set out by 'Delivering Value based Health & Care- a vision for Scotland (2023)¹. To achieve better value, people should be supported to look after their feet and know when it is appropriate for them to seek support from NHS podiatry services.

What is Personal Footcare?

The Scottish definition for personal footcare agreed by the national working group has been adapted from the version proposed by the Department of Health.²

Personal footcare is part of a personal hygiene routine for feet and covers a set of tasks that an adult, whatever their age, would normally do for themselves if they are able to. The specific tasks are detailed below:

Key message 1: what is personal footcare?

Toenail care

- Clipping and filing toenails safely and keeping them at a length which feels comfortable

Skin care

- Smoothing and moisturising dry and rough skin
- Keeping feet clean, dry, comfortable and warm
- Checking for cracks and breaks in the skin
- Looking for signs of infection or other obvious early problems and seeking professional advice

Checking footwear

- Checking footwear for comfort, fit, state of repair and safety

The broad function of **NHS podiatry** services is documented by the Royal College of Podiatry and is illustrated in figure 1³:

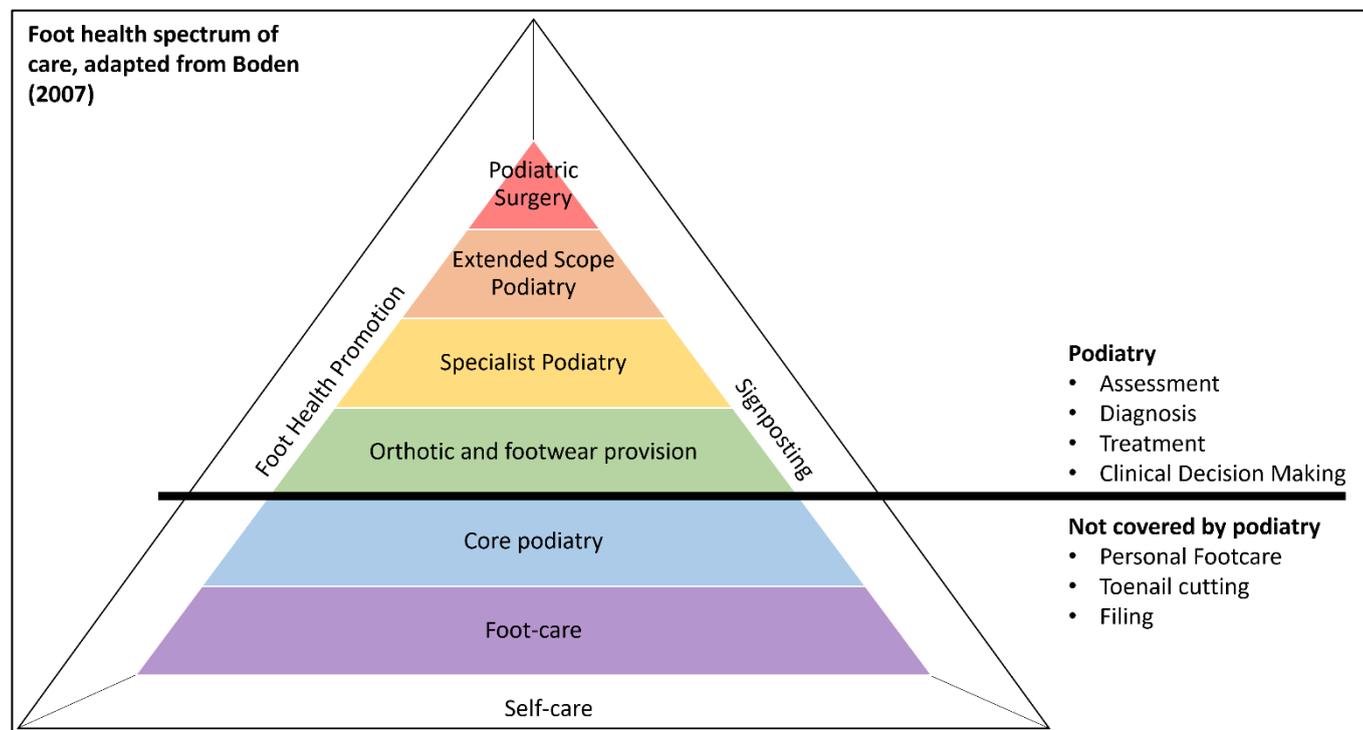


Figure 1: Foot health spectrum of care

What is provided by NHS podiatry services?

NHS podiatrists are trained to work autonomously and as part of multidisciplinary teams. Within the NHS podiatrists provide safe, effective and person centred service that includes^{4,5} :

- Assessment, diagnosis, advice, and treatment for complications of the foot and the lower limb. The early involvement of podiatrists in the management of people with peripheral vascular disease or neuropathy can prevent future lower limb and foot problems
- Management and treatment of foot and ankle musculoskeletal disorders.
- Screening and provision of preventative treatment plans to people with diabetes and those with peripheral arterial disease
- Prescribing medicines independently, providing patients with direct access to the interventions they need.
- Playing a significant role in the public health and prevention agenda specifically around falls prevention, dermatology (malignant melanoma detection), diabetes prevention, cardiovascular risk reduction, medicines management, antibiotic stewardship and keeping people mobile and active.⁵

Examples of NHS podiatry provisions:

Issues NHS podiatrists can provide treatment for	Issues NHS podiatrists <u>are not</u> providing treatment for
<p>Management of acute foot and ankle conditions such as foot ulceration and foot infections</p> <ul style="list-style-type: none"> • Treatment of ulcers and non-healing wounds • Provision of foot pressure reduction devices to support healing • Prescribing medicine 	<ul style="list-style-type: none"> • Toe nail cutting
<p>Surgical removal of ingrowing toenails</p> <ul style="list-style-type: none"> • Treatment of ingrowing toenails • Prescribing of antibiotics • Provision of nail surgery 	<ul style="list-style-type: none"> • Fungal skin and nail treatment – can offer advice on medication but not regular treatment
<p>Management of musculoskeletal foot and ankle conditions such as muscle, tendon, and joint disorders and nerve pain. For example, painful walking, structural problems, nerve pain, arthritis, injuries and pressure areas in the foot</p> <ul style="list-style-type: none"> • Self management advice • Biomechanical assessment • Exercise therapy • Steroid injections • Provision of insoles and orthotics 	<ul style="list-style-type: none"> • Regular corn and hard skin reduction for people who are not at risk of foot ulceration.

<ul style="list-style-type: none"> • Other therapies such as shockwave and laser therapy • Podiatry surgery of the foot, working as part of orthopaedic teams 	
<p>Offer preventative treatment to prevent hard skin and corns to those people who are at risk of foot ulceration for example</p> <ul style="list-style-type: none"> • Reduction of corns and callus • Surgical removal of foot lesions • Insole and orthotic provision and other foot pressure reduction devices. • Footwear- advice • Diabetes foot assessment and care planning for moderate and high risk diabetics 	<ul style="list-style-type: none"> • Regular treatment for skin conditions such as athlete's foot – can provide advice but not regular treatment
<p>Circulation and vascular assessment</p>	<ul style="list-style-type: none"> • Verrucae treatment (not painful and less than 2 years)
<p>Assessment of painful lesions that are stopping you from walking</p>	
<p>Some but not all services offer verrucae treatment for persistent verrucae and painful deep corn removal under local anesthetic (deep enucleation or electrosurgery)</p>	

When resources are available NHS podiatry services may:

- Provide education to non-podiatry providers across all care sectors to help them to confidently undertake personal footcare for those individuals who require support with this.
- Undertaking personal footcare does not require special training and is part of daily personal hygiene. NHS Inform hosts a range of educational resources available free of charge that can support individuals and carers with personal footcare: [Looking after your feet to help prevent falls | NHS inform](#)
- Provide support, assistance and encouragement to individuals and their carers to self care where this is possible

Since the introduction of the personal footcare guidance in 2013, the majority of NHS podiatry departments have seen a significant reduction in their workforce. In Scotland, NHS podiatry departments are no longer funded to provide personal footcare, including toenail cutting.

Key message 2:

Undertaking personal footcare does not require special training and is part of daily personal hygiene

3. Links with National Policy and Guidance

The personal footcare guidance is associated with a number of policy documents including Public Bodies (Joint working) (Scotland) Act 2014¹²; The carers (Scotland) Act 2016¹³; National Carer Strategy¹⁴; Realistic Medicine¹⁵; Delivering value based health and care: a vision for Scotland¹; Scottish Digital health and care strategy- Enabling, connection and Empowering¹⁶; Scottish Allied Health Professions (AHPs) Public Health Strategic Framework Implementation plan 2¹⁷; Scotland's National Dementia Strategy¹⁸; Diabetes Improvement Plan¹⁹; and Allied Health Professions Co-creating wellbeing with the people of Scotland- the active and independent living programme in Scotland²⁰.

National policy, principles and ongoing work that strengthen the personal footcare guidance are as follows:

Free Personal Care (including footcare)

Free personal and nursing care (FNPC) for adults aged 65 or over was introduced in Scotland on 1 July 2002 through the Community Care and Health (Scotland) Act 2002.⁶ On 1 April 2019, legislation - *The Community Care (Personal Care and Nursing Care) (Scotland) Amendment (No. 2) Regulations 2018* - came into force which extended this to include adults of any age.

Adults, no matter their age, conditions or means, who have been [assessed](#) by their local authority as requiring personal care do not pay for this services.

[Need assessments](#) (which include a personal care element) are carried out by a member of staff of the local authority's social work department. Referrals to a social work department can be made by the person themselves, a member of their family, or their carer. After the needs assessment the supported person will be given a care plan, which describes the needs the social work team feels an individual has, and how these needs will be met.

Any personal and nursing care services included in this should be free. The Community Care and Health (Scotland) Act sets out examples of personal care tasks that may not be charged for by a local authority; this includes keeping fingernails and toenails trimmed. Carers should be encouraged to provide personal footcare as part of individual care plans. A range of free resources are available at [Looking after your feet to help prevent falls | NHS inform](#).

The services a person receives at home will be provided either by the local authority's own staff; by the staff of an external organisation contracted by the local authority or by a personal assistant. For individuals living in residential care, a contract will be put in place between the local authority the care home, and FPNC payments will made directly to the care home.

Each local authority will have in place agreed eligibility criteria for assessments of need and are expected to ensure that their resources available are used in the most effective way to meet care needs of individuals. Local authorities should always take into consideration the preferences of the supported person, as well as those of their family and carers.

If an individual's care support needs change, or if they feel that they are not getting the care support they believe they are entitled to (including foot care), they should contact their local social care team to request a review of their care support needs.

The Healthcare Framework for adults living in care homes was published in June 2022, [healthcare-framework-adults-living-care-homes-health-care-home.pdf \(www.gov.scot\)](#). This

new healthcare framework provides a series of recommendations which specifically seek to strengthen the continuity and access to healthcare, both from within and out with the care home. It is about ensuring that people living in care homes have all of their needs met and are supported to live their best life possible. Care homes are where people live and call home. They should expect the same level of involvement, choice and support for their health and wellbeing as they would if they were living elsewhere in the community.

Attendance allowance:

People who are unable to undertake personal care, for example cutting their own toenails may be able to apply for an attendance allowance. This is a non-means tested allowance that can help with extra pay for personal support for someone with a disability severe enough that they need help. To qualify, one has to be physically or mentally disabled and be at state pension age or older. People can apply and use the allowance to pay for personal footcare including nail cutting service. For further information please see [Attendance Allowance: Overview - GOV.UK \(www.gov.uk\)](http://www.gov.uk)⁷, [Citizen Advice](#)⁸ and [carer centres](#)⁹ can support people to complete the attendance allowance request form.

Scottish Diabetes Foot Action Group (SDFAG)

The SDFAG group is a group of Healthcare Professionals representing all 14 Health Boards across Scotland. The ethos behind the SDFAG is to provide a cohesive national diabetic foot network dedicated to service improvement and improving outcomes of individuals living with diabetes throughout Scotland.

The SDFAG has several strands of work in progress which aims to deliver these improvements to help prevent and reduce the incidence of foot disease and amputations in individuals living with diabetes.

Following a diagnosis of diabetes all individuals should undergo foot screening by a suitably trained healthcare professional/worker as soon as practically possible.¹⁰

The person carrying out this foot screening should have previously undertaken the online training which can be found at www.diabetesframe.org This screening will result in the identification of risk factors associated with the development a foot ulcer which may lead to amputation. The individual will then be assigned a risk category which their ongoing care will be based on. These risk categories are; Low, Moderate, High, In Remission or Active Foot Disease. More detail on these risk categories and the action to be taken is available in Appendix 1 (Diabetic Foot Risk Stratification and Triage).

Information during the screening process is input by the healthcare professional/worker carrying out the foot screening into the nationwide Scottish Care Information (SCI) Diabetes shared information system. This system automatically calculates the individual's foot risks and provides recommended action according to that assigned risk. During the screening appointment verbal advice and education should be provided supported by the appropriate written information.¹¹

Good personal footcare and checking of feet everyday by the individual, their family, friends or carers is important for all people with diabetes:

- For individuals who have been screened as **Low risk**, it is acceptable and safe for them, their family, friends or carers to carry out personal foot care. These individuals will most likely not need to see a podiatrist and should have their foot screening carried out every 2 years by a suitably trained healthcare

- professional/worker.
- For individuals who have been screened as **Moderate risk** they should undergo an assessment by a podiatrist. If no specific podiatry needs are present then they should attend an annual foot screening by a suitably trained healthcare professional/worker. It is acceptable and safe for these individuals, their family, friends or carers to carry out all or most of their personal footcare, following advice from the podiatrist.
- For individuals who have been screened and assessed as **High risk or In Remission** some of their personal footcare, like nail cutting and filling can still be carried out by themselves, their family, friend or carers especially the checking their feet daily for any breaks in the skin or signs of any problems, following advice from their podiatrist. The individuals' care in the **High risk and In Remission** categories will now be managed by a podiatrist and the regularity of visits to the podiatrist will be determined according to individual needs following assessment and in consultation with the individual.
- For individuals who have been discovered as suffering from **Active Foot Disease** which can manifest itself as a break in the skin, unexplained swelling, heat or the onset pain rapid referral to a member of the multidisciplinary foot team or a multidisciplinary foot clinic is essential to address all aspects of care. The sooner that Active foot disease is discovered and the individual receives the appropriate treatment, the better the outcomes.
- Daily foot checks should still be carried out where possible by the individual, their family, friends or carers for signs that the existing problem is deteriorating or any further problems.

4. Models for Personal Footcare

It is recognised that in the majority of cases personal footcare can be undertaken safely by individuals themselves, family members or by care providers and care staff.

However some individuals who are unable to manage their own personal footcare needs, may be able to access support for personal footcare to help maintain their foot health in variety of ways:

- They may be able to access affordable personal footcare services from charitable organisations or other agencies in their areas. Through a partnership approach, a number of Health and Social Care Partnerships, supported and developed foot care provision initiatives. Further advice is available on NHS Inform, including information for each Health Board, at this link: [How to access MSK services | NHS inform](#).
- They may choose to access private podiatry or footcare services in their area who often offer toenail cutting service at reduced costs.
- They may be able to claim for an attendance allowance and use the funds to pay for personal footcare (see section 3 for information on attendance allowance).

What models of good practice are available?

A range of models of personal footcare support have emerged across Scotland.

All the models have benefits and advantages that would support the gap in the current support for individuals to self care and the provision of personal footcare for others. A range of models are described in Appendix 2, highlighting examples of good practice from across

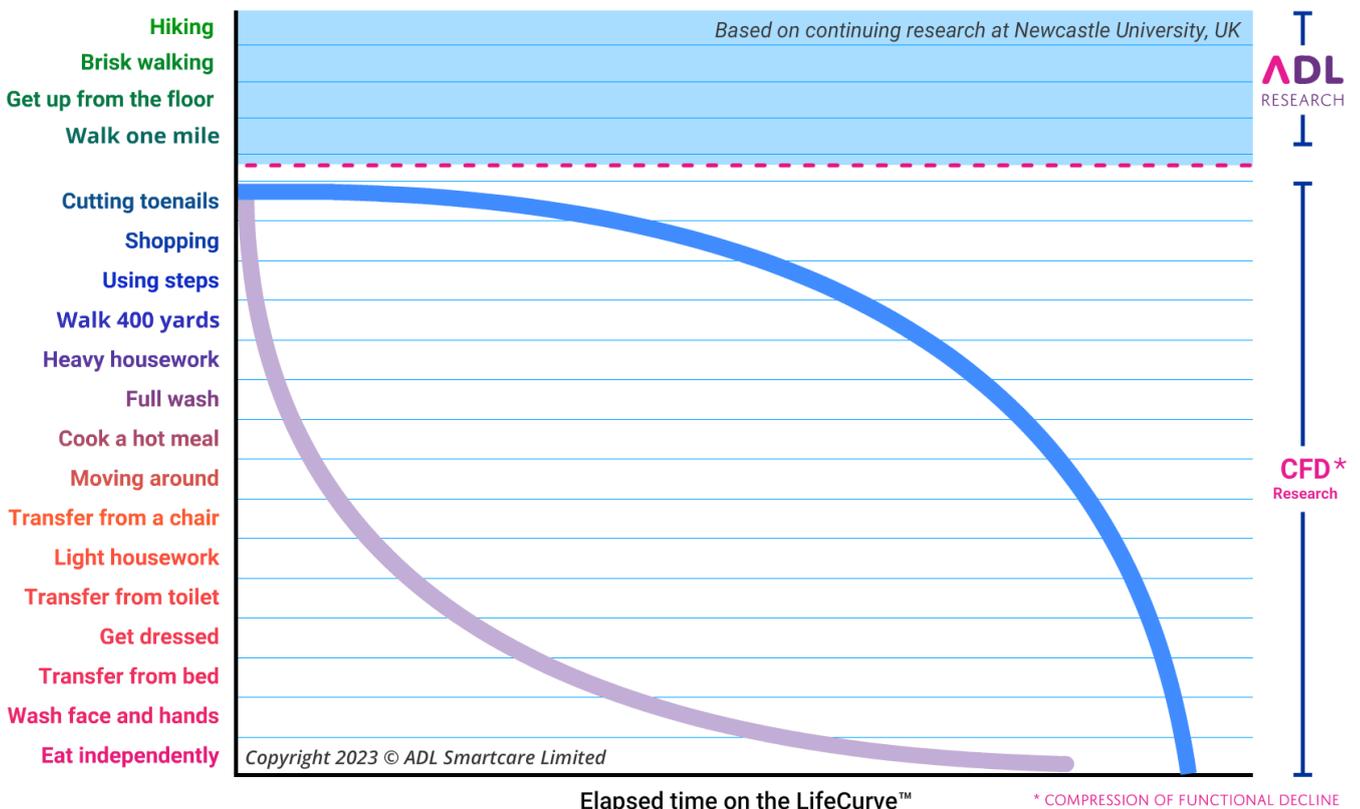
Scotland.

What else might you do when you lose the ability to care for your own feet?

The LifeCurve™ is an online questionnaire developed by [ADL Smartcare](#), based on continuing research at Newcastle University.^{22, 23} (Professor Gore and colleagues). The research suggests that as part of the ageing process, we lose our ability to carry out everyday activities in a set order (see Figure 2). An early indication of functional decline is losing the ability to cut your own toenails. With simple changes to our routines and lifestyles, we can control how well we age and stay in control for longer.

* Please note that the term LifeCurve™ is the trademark of ADL Smartcare Limited. All rights reserved.

Figure 2: The order in which we lose the ability to perform everyday activities when ageing.



LIFECURVE™ Version 2.4.2 - Curves are for illustrative purposes only

www.adlsmartcare.com

[View the LifeCurve explainer video on YouTube](#)

5. Personal Footcare Educational Resources

To support the educational requirements to continue the ongoing implementation of personal footcare across Scotland, a range of educational resources have been produced.

Self care and educational resources for carers

Although no specific training is required to undertake or provide personal footcare, education resources provide support to allow individuals and carers to undertake or support footcare provision. As well as providing a consistent approach to safe and effective footcare, these resources allow individuals and carers to be confident in footcare provision.

NHS Inform hosts these online resources via the Personal Footcare page that also includes information to download and print. These can be found using the following link: [Looking after your feet to help prevent falls | NHS inform.](#)

Most NHS Boards also have public websites with information on podiatry service provision in the area, including personal footcare when available. The web sites also provide information on the management of various foot conditions and some NHS podiatry services developed their own local education materials. Websites for each Health Board for this information has been collated centrally on NHS Inform which can be accessed at the following link: [How to access MSK services | NHS inform.](#)

Resources for Facilitators and Educators

Educational resources are available on NHS Inform. These can be found using the following link: [Looking after your feet to help prevent falls | NHS inform](#)

An Open Badge Personal Care for Feet has also been developed by podiatrists with Scottish Social Services Council (SSSC). [SSSC Open Badges | Personal Care for Feet - SSSC Open Badges](#) The Open Badge is intended for people in a variety of care settings and focuses on supportive foot care and monitoring to allow the provision of personal footcare needs for those not able to undertake this task for themselves.

6. Implementation of the Personal Footcare Guidance

Since 2013 all health boards across NHS Scotland have implemented in full the proposals set out in the 2013 guidance with routine toe nail cutting no longer being provided by podiatry services. Service provision and workforce were adjusted accordingly. The majority of health boards have online resources to support people with personal footcare and when available they signpost people to affordable footcare provision in their areas: [How to access MSK services | NHS inform.](#)

7. Acknowledgements

This guidance has been refreshed in partnership by a national working group. The group includes representation from the following: Podiatry Leads at NHS Boards, NHS Education for Scotland (NES), The Royal College of Podiatry, third sector organisations (Roar for Life, Fife Voluntary Action), The Care Inspectorate, Scottish Social Services Council, Scottish Care, and Scottish Government. With acknowledgement to all partners and participants for their involvement and contributions to this work. In particularly podiatry staff from NHS Fife, NHS Lanarkshire, NHS Highland, NHS Tayside and NHS Greater Glasgow and Clyde.

8. Useful Links

The NHS Inform web page provides information and some short films about personal footcare. Access this via: [Looking after your feet to help prevent falls | NHS inform](#)

There are a number of websites that provide helpful general information about footcare. Note this list is not exhaustive:

- Alzheimer Scotland : [Information and Resources by our Allied Health Professionals | Alzheimer Scotland \(alzscot.org\)](#)
- Diabetes UK (Scotland) [Diabetes and feet | Foot problems | Diabetes UK](#)
- The Royal College of Podiatry [Keep on walking \(rcpod.org.uk\)](#)
- Versus Arthritis [Osteoarthritis \(OA\) of the foot and ankle | Versus Arthritis](#)

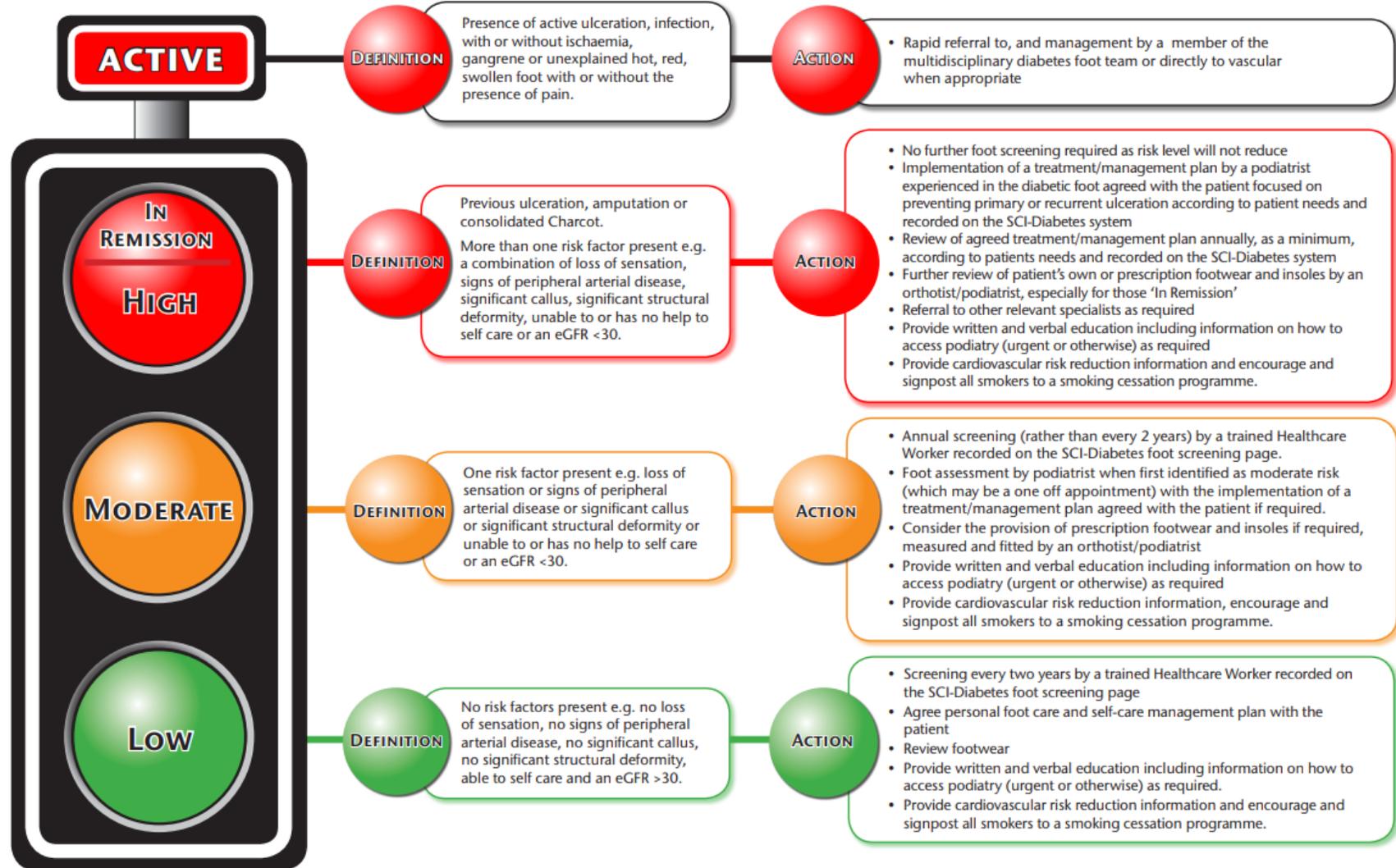
- Care Information Scotland [Where to get social care support | Care Information Scotland \(careinfoscotland.scot\)](https://www.careinfoscotland.scot) The LifeCurve™, and the path to better ageing, www.TheLifeCurve.com

9. Reference List

1. Chief Medical Officer, 2022. Delivering value based health and care : a vision for Scotland Accessed at <https://www.gov.scot/publications/delivering-value-based-health-care-vision-scotland/>
2. Department of Health, 2009. Footcare: Footcare services for older people: a resource pack for commissioners and service providers. Access at; https://webarchive.nationalarchives.gov.uk/ukgwa/20091106043928/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@pg/documents/digitalasset/dh_103153.pdf gov.uk
3. Boden, C. Older People and ‘person-centred’ podiatry, 2007 A critical evaluation of two models of care (unpublished PhD thesis), University of Gloucestershire.
4. The college of Podiatry 2017. Podiatry: driving value, improving outcomes- the vital role of podiatry in keeping our population active- saving lives and saving limbs.
5. The royal college of Podiatry 2020. Podiatrists as first contact practitioners
6. Community Care and Health Scotland Act 2002. Access at <http://www.legislation.gov.uk/asp/2002/5/contents>
7. Attendance Allowance: accessed at Attendance Allowance: Overview - GOV.UK (www.gov.uk)
8. Citizen Advice, <https://www.citizensadvice.org.uk/scotland/>
9. Care Information Scotland , <https://careinfoscotland.scot/>
10. Quality Improvement Scotland, 2010. Scottish Intercollegiate Guidelines Network, Management of Diabetes 116. A national clinical guideline
11. Diabetes in Scotland Information Foot Health Information Leaflets. Access at <https://www.diabetesinscotland.org.uk/publications/>
12. Public Bodies (Joint working) (Scotland) Act 2014 Accessed at <https://www.legislation.gov.uk/asp/2014/9>
13. The carers (Scotland) Act 2016 Accessed at <https://www.legislation.gov.uk/asp/2016/9/contents/enacted>
14. Scottish Government, 2022, National Carer Strategy Accessed at <https://www.gov.scot/publications/national-carers-strategy/>
15. Scottish Government Realistic medicine Accessed at <https://www.realisticmedicine.scot/>
16. Scottish Government and COSLA 2021 , Scottish Digital health and care strategy- Enabling , connection and Empowering October 2021 accessed at <https://www.gov.scot/publications/scotlands-digital-health-care-strategy/>
17. Scottish Government 2022, Scottish Allied Health Professions Public Health Strategic Framework Implementation Plan 2022-2027, Accessed at <https://www.gov.scot/publications/scottish-allied-health-professions-public-health-strategic-framework-implementation-plan-2022-2027/>
18. Scottish Government 2017, Scotland’s National Dementia Dstrategy 2017-2020 Accessed at <https://www.gov.scot/publications/scotlands-national-dementia-strategy-2017-2020/>
19. Scottish Government 2021, Diabetes Care – Diabetes improvement plan: commitments for 2021-2026 accessed at <https://www.gov.scot/publications/diabetes-improvement-plan-diabetes-care-scotland-commitments-2021-2026/>
20. Scottish Government 2017, Allied Health Professions co-creating wellbeing with the people of Scotland- the active and independent living programme in Scotland. Accessed at <https://www.gov.scot/publications/allied-health-professions-co-creating-wellbeing-people-scotland-active-independent/>
21. Equality Act 2010 Access at <https://www.legislation.gov.uk/ukpga/2010/15/section/21>

22. NHS. Education for Scotland, 2023 The Life Curve - Case Study Video. Available from: [The Life Curve - Case Study Video | Turas | Learn \(nhs.scot\)](#) .
23. Kelso, S. *et al.* (2020) 'The Scottish national LifeCurve™ survey: costs of functional decline, opportunities to achieve early intervention to support well-being in later life, and meaningfulness of the LifeCurve', *Public health (London)*, 180, pp. 129–135. doi:10.1016/j.puhe.2019.10.014 Available from: [The Scottish national LifeCurve™ survey: costs of functional decline, opportunities to achieve early intervention to support well-being in later life, and meaningfulness of the LifeCurve™ - ScienceDirect](#)

DIABETIC FOOT RISK STRATIFICATION AND TRIAGE



Produced by the Scottish Diabetes Foot Action Group May 2021

These risk categories relate to the use of the SCI-Diabetes foot risk stratification tool

CTP:TRFHL:21_00235:4

Appendix 2

Model 1. Supported self care for individuals

This model is based on the provision of education on personal footcare, which is provided by some NHS podiatry services. It can be delivered on an individual or small group basis to a variety of people including those with a personal footcare need and/or carers who can support self care for others.

The evaluation of the supported self care model has shown positive results. This benefits those individuals who are able to carry out their own personal footcare or have a relative or carer that can provide assistance with this. There are however some limitations to this model as it does not meet the needs of those individuals who are unable to carry out their own personal footcare and have no one to assist them.

Case example: NHS Tayside Self Management Programme - FOOTSTEP

Individuals referred to NHS Tayside Podiatry Service who are identified as having personal footcare needs, are invited to attend a self management programme called FOOTSTEP. The aim of the programme is to empower people with the knowledge and skills required to undertake personal footcare safely and effectively at home. It is suitable for people who do not require podiatry treatment, but would benefit from advice and support in caring for their own or others' feet.

Wherever possible, the sessions are delivered face to face in a non-clinical environment to de-medicalise the content. Participants are led through a series of photo storyboards, to encourage open discussion on good footcare, leading on to the offer of a practical session for those happy to participate. Attendees can also bring carers or family members along to the session if they are the person that will be supporting them to undertake their personal footcare

Additional information can be found at [NHS Tayside Podiatry Services 'Footstep' Programme](#)

Model 2. Integrated personal footcare for people receiving care

This model promotes provision of education and awareness to groups of employed care staff in all care sectors to teach them how to provide personal footcare to others.

A partnership approach with health and social care, this is a well established model currently in place across a number of areas in Scotland. Education and awareness sessions are organised locally to meet the needs of individual areas and particularly directed to care home, care at home and hospital staff. A blended approach is used with online and face to face sessions. These sessions include a practical session on toenail clipping as well as information as to when it's appropriate to refer patients to podiatry services. Education sessions are often extended to cover other areas such as the prevention of pressure ulcers and provision of protection to those individuals with 'at risk foot'. This can help employed care staff to confidently and safely provide personal footcare. A number of NHS Boards developed online education resources on health and care staff learning platforms such as LearnPro.

This partnership approach has clear advantages in supporting care staff in a care home, care at home and in hospital settings providing people with a viable option to meet the personal footcare needs of individuals.

National educational resources support the delivery of these sessions and the development of both confidence and skills of care staff to deliver a high standard of personal footcare. Education supports personal footcare providers in the recognition of potential foot problems and define clear care pathways to NHS podiatry services.

Case example: NHS Borders education package to care home and community hospital staff

A foot care education package was developed by NHS Borders podiatrists building on resources shared by NHS Lothian and Forth Valley. The educational package included information on:

- What personal footcare should be delivered by care staff and how
- What instruments can be used, and how these can be purchased
- Information on footwear
- Information on when it's appropriate to refer people to NHS podiatry services.

A slide deck for virtual or face to face delivery was developed as well as an online learning module and a poster. The target audience for the programme was anyone working in a healthcare role within community hospitals or care homes in the Borders. Initially due to Covid-19 restrictions, the programme was delivered via MS team to care home staff. This delivery was supported by the care home education team in NHS Borders. Later a blended delivery approach was offered to care home staff and staff working in community hospitals. Participants were encouraged to share, contribute and ask questions during the sessions. The training was evaluated with a feedback questionnaire. Findings suggested that for many care home and community hospital care staff, the information on footcare management was new, for example the requirement to check feet regularly, file and cut nails and the knowledge of when to refer people to podiatry services. Many staff commented that they will be changing their practice following the educational session and that they were feeling more confident, understanding their role in providing personal footcare. In addition, the online education model was uploaded on LearnPro, an online training resource available to all healthcare staff in NHS Borders, to further promote learning on footcare. The learning resources were promoted with lead nurses in the general and community hospitals.

Model 3. Social enterprise and third sector partnership for people unable to self care

This model utilises social enterprise or voluntary services that may already provide a range of support services which can include personal footcare. The service is either arranged in partnership with health or social care services or independently provided.

In terms of an option where personal footcare is delivered as a dedicated service, there is potential to reach the broader community and meet the wider demands for personal footcare within populations. This model affords an opportunity to test an innovative way of working in Scotland that could potentially provide dedicated personal footcare services to the general public. It is essential that governance arrangements are clearly defined and that service providers meet minimum standards required for safety and competency. Agencies and social enterprises may impose a charge to individuals for providing this service.

Access to national educational resources will support the development of confidence and skills to deliver a high standard of personal footcare. The education will also teach providers how to recognise potential foot problems and define clear care pathways to NHS podiatry

Case example: Roar Connections for Life

Roar Connections for Life, is a charitable organisation which enables older adults to remain independent, socially connected and physically active. Roar Connections for Life provides a nail cutting service in 10 venues across Renfrewshire. Volunteers at inception were provided with education sessions from the Greater Glasgow and Clyde NHS podiatry team which utilised NHS education resources.

Referrals are received from healthcare professionals, families or individuals for the provision of personal foot care either by calling the office or through a referral form. Foot care volunteers often identify those at risk of a fall and provide health and physical activity advice. Some volunteers are Otago trained, being able to provide strength and balance exercises.

Should social isolation be identified, the organisation has various clubs and projects the person can be referred into. The service is more than just a nail cutting service. The Roar - Connections for Life Prevention Services Coordinator can offer falls and frailty advice through helpful conversations that enable self-management of foot care and partnership in their care.

For further information, contact INFO@ROARFORLIFE.ORG