

Personal Footcare Guidance



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This document is also available on the Scottish Government website and the Personal Footcare homepage:
<http://www.knowledge.scot.nhs.uk/home/portals-and-topics/personal-footcare.aspx>.

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Ministerial Foreword



Personal footcare is important for everyone, but particularly for older people as good foot health can reduce pain or discomfort, improve confidence, quality of life and independence. Healthy feet can also help people to remain physically active, allowing them to get out and about in their local community and increase their energy levels and general zest for life. Importantly, neglecting personal footcare needs can contribute to falls, which might otherwise be avoided.

Personal footcare includes the tasks that adults normally do for themselves such as cutting and filing toenails, smoothing and moisturising skin, looking for signs of infection or other problems which need referral to a podiatrist. An essential aspect of self-management is that people have access to the information they need about their condition and the services and resources which are available, whether through the NHS and its partners, local authorities or the voluntary sector.

This guidance aims to clearly set out the difference between personal footcare and clinical podiatry. It has been 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; or what training and support is needed for those who care for their own feet or for family members, or carers, who provide such care on behalf of others.

The Scottish Government's Healthcare Quality Strategy promotes a model of care that engages, empowers and supports people in self-care, as a partnership approach with their healthcare professionals, carers and community.

Enabling people to be the lead partners in their care and giving them the knowledge, skills and confidence to live well at home or in a homely setting is also at the heart of the person centred ambition we have set for the NHS in Scotland.

We believe that supporting people to have the knowledge and skills to look after their feet, when they are able to do so, is an important step towards this ambition. As is having the knowledge and understanding of when to seek help from a clinical podiatrist when a problem or infection arises.

Thank you to all our partners who have worked with us to create this guidance and enable this work to have the visibility and priority it deserves.

A handwritten signature in black ink, appearing to read 'Michael Matheson', written in a cursive style.

Michael Matheson, MSP, Minister for Public Health

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.

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
- 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.

What is Personal Footcare?

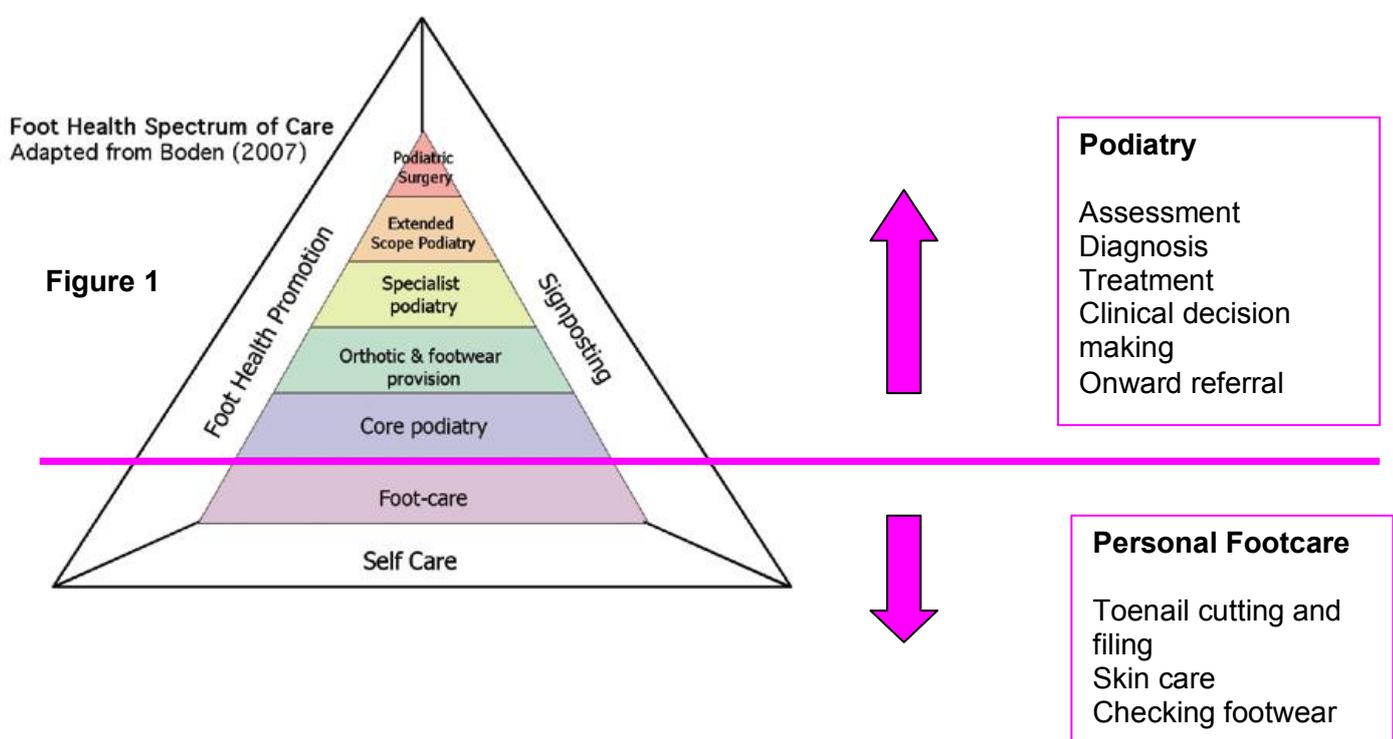
The Scottish definition for personal footcare agreed by the national working group has been adapted from the version proposed by the Department of Health.¹

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 in Table 1 below;

Table 1

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 podiatry services is documented by the Society of Chiropodists and Podiatrists as illustrated at Figure 1.^{2,3}



NHS Podiatry Service Provision

NHS podiatry services in Scotland target public resources appropriately to meet the increasing demands and needs of people with a clinical or medical need for podiatry care. Through utilising a competent and skilled workforce and providing seamless care in core and specialist practice, NHS Podiatry can provide a safe, effective and person centred service that includes:

- Supporting, helping and encouraging individuals and their carers to self care where this is possible
- Providing 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 individual assessment and diagnosis of conditions of the lower limb and foot; and subsequently providing education and clinical treatment supported by sound clinical decision making skills.
- Providing a comprehensive foot health service for conditions affecting the foot and lower limb. The early involvement of podiatrists can prevent future lower limb and foot problems
- Working in partnership with individuals and other health care professionals to provide a variety of therapies and services which may be used to achieve pain relief and avoid potential problems, for example by the use of insoles, nail surgery or podiatric surgery

In Scotland, NHS podiatry managers have agreed that the provision of personal footcare does not require the specialist skills of a podiatrist. However they are committed to working in partnership with key stakeholders to promote the resources published alongside this document for users and carers, and to supporting the development of local personal footcare approaches which support those no longer able to undertake self care and signposting them towards what is available.

3: Links with National Policy and Guidance

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

Free Personal Care

Free personal and nursing care was introduced in Scotland on 1 July 2002 through the Community Care and Health (Scotland) Act 2002.⁴

Personal care is available without charge for everyone in Scotland aged 65 and over who have been assessed by the local authority as needing it. Free nursing care is available for people of any age. The legislation includes keeping fingernails and toenails trimmed as one of the personal hygiene aspects of personal care. Carers can be taught to provide personal footcare as part of a personal care plan.

Essentially, any provision of care is based on a detailed assessment of the individual's personal care needs taking into account their preferences and those of their family and carers. If the individual's circumstances change a review assessment should be conducted and the local social work department is responsible for making suitable arrangements.

Local authorities will assess whether people requiring care at home or in a care home need personal care and will make available an agreed payment directly to the individual or their care provider. However, the local authority is expected to make sure that the resources are used in the most effective way to meet individual personal care needs.

Scottish Diabetes Foot Action Group

The national group has several strands of work in progress which aim to prevent and reduce the incidence of foot disease and amputations in people with diabetes. All people with diabetes should undergo foot screening by a suitably trained person.⁵ This will result in the identification of the risk associated with the development a foot ulcer. These risk categories are; Low, Moderate, High or Active Foot Disease. More detail on the risk categories is available in Appendix 1.

Information during the screening process is input by the healthcare professional carrying out the foot screening into the nationwide Scottish Care Information (SCI) Diabetes shared information system which automatically calculates the person's foot risk status and provides recommended action according to the assigned risk. During the screening appointment verbal advice and education should be provided supported by the appropriate written information.⁶

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

- For people who have been screened and assessed as Low risk, it is acceptable and safe for them, their family, friends or carers to carry out personal foot care.

- For people who have been screened and assessed as Moderate risk, they or their family, friends or carers may still be able to carry out all or most of their personal footcare safely, following advice from the podiatrist.
- For people who have been screened and assessed as High risk some of their personal footcare may still be carried out by themselves, their family, friends or carers especially the checking their feet daily for any breaks in the skin or signs of any problems. People in the High risk group should also visit a podiatrist on a regular basis.
- For people who have been assessed as suffering from Active Foot Disease rapid referral to a member of the multidisciplinary foot team or a multidisciplinary foot clinic is essential. Daily foot checks should still be carried out where possible by themselves, their family, friends or carers for signs of any further problems.

National Policy and Guidance

The personal footcare guidance is associated with a number of policy documents including: Carers Strategy, Dementia Strategy, Falls Prevention, Healthcare Quality Strategy, Integration of Health and Social Care, National Care Standards, Reshaping Care for Older People, The National Delivery Plan for the Allied Health Professions (AHPs) in Scotland and 20:20 Vision.⁷⁻¹⁶

Further information on these documents is available in Appendix 2.

4: A Sustainable Model for Personal Footcare

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

However for those individuals unable to manage their own personal footcare needs, easily accessible support for personal footcare or a specific personal footcare service can offer the support they require to maintain their foot health.

A partnership approach to addressing local needs within each area is fundamental. Collaborative working, both in planning and delivery, is important to ensure a joint approach to how personal footcare can be effectively provided for those unable to self care. Close partnership between colleagues in health, social care, third and independent sectors will be critical to developing appropriate pathways and ensuring that individuals receive the right care provided by the right person at the right time.

What models of good practice are available?

A range of models of personal footcare support have emerged across the UK and beyond.¹

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 mixture and range of models is likely to be required to address the personal footcare needs within a local population. These are described in Appendix 3 with each model highlighting an example of good practice currently in place in Scotland.

5: Personal Footcare Educational Resources

To support the educational and training requirements to widely implement personal footcare across Scotland, a range of educational resources have been produced. There are two education pathways that help to support the implementation of the models described in the previous section.

1. Self care resources

The self care resources will provide support to allow individuals and unpaid carers to look after their own feet well where possible.

NHS Education Scotland (NES) Knowledge Services Group hosts these online resources via the Personal Footcare page that also includes information to download and print. A limited number of hard copy 'Looking after your feet' booklets and DVDs will be available via local NHS Podiatry services.

2. Education for care provider resources

These resources will support a consistent approach to education for those who provide personal footcare as part of the care given to an individual or as part of a dedicated service to others. It will allow care providers to be confident in providing personal footcare to others in a safe and effective manner. This pathway is based on the following learning outcomes.

On completion of training, individuals will be able to:

- Explain the importance of good personal footcare
- Clip and file toe nails safely
- Recognise why feet need checking on a regular basis
- Explain the importance of good skin care
- Describe the correct features of good fitting footwear
- Be aware of the referral criteria or pathway to their local NHS podiatry service and recognise when to make a referral

There are two components to the care provider education: theory on good foot health and a practical element on toenail cutting and filing. These can be delivered in three different ways;

- face to face group session
- online via the website
- DVD and booklet.

NES Knowledge Services Group hosts the online education resources via the Personal Footcare page that also includes information to download and print. A limited number of hard copy 'Looking after someone else's feet' booklets and DVDs will be accessible via local NHS Podiatry services.

NHS Podiatry services may also choose to use their own local education materials to support the learning outcomes detailed for care providers.

Information in written and DVD format covers the following topics:

- What is personal footcare?
- Why good footcare is important
- Checking your feet
- Keeping feet clean
- Skin care
- The personal footcare kit
- How to cut and file toenails
- How to cut and file someone else's toenails
- How to file toenails
- Footwear and hosiery
- What to do if there is a foot problem
- Frequently asked questions
- Useful websites

Resources for Facilitators and Educators

Educational materials have been developed to help facilitators and educators to provide group support for self care and address the learning needs of care providers. Podiatrists in NHS Fife have developed The Personal Footcare: Healthy Footsteps poster. This is a visual resource with a basis in adult learning theory and active learning. It is useful for stimulating discussion and tailoring learning to meet the personal objectives and goals of the participants.

The resource comprises:

- Education support manual
- Card prompts
- Facilitator information document
- Healthy footsteps fairground poster

All the educational resources are available online via the Personal Footcare page:
<http://www.knowledge.scot.nhs.uk/home/portals-and-topics/personal-footcare.aspx>

6: Implementation of the Personal Footcare Guidance

In December 2012 all NHS boards completed a benchmark exercise that highlighted their progress against the action points in the National Delivery Plan for Allied Health Professions (AHPs).¹³ One of the action points NHS boards are required to report on in 2013 is the implementation of the personal footcare guidance.

The monitoring schedule associated with the implementation of this guidance will be carried out on an annual basis commencing in late Autumn 2013. This will be undertaken by the Scottish Government in liaison with NHS boards as part of the AHP National Delivery Plan reporting arrangements.

All NHS boards are asked to progress this work in partnership with health and social care colleagues and third and independent sector agencies. This is with a view to actively consider the principles detailed within the personal footcare guidance and identify the need and possible solutions that could address the requirements for personal footcare within their local populations.

What principles should be considered when implementing the personal footcare guidance?

- Access to online educational resources should be available locally to individuals, carers and their families to support self care and enablement where this is possible. Make sure written information is available locally in a variety of formats.
- Access to educational materials and support in line with the specified learning outcomes should be made available locally for care providers.
- Care staff in all sectors offering personal footcare as a specific service must be screened through the Protection of Vulnerable Groups (PVG) scheme.
- Establishment of clear pathways to make sure that individuals who require specialist intervention have access to podiatry services.
- Personal footcare instruments such as nail clippers and files used for personal footcare should be the persons own property, single use disposable items or subject to decontamination procedures that meet the directive for decontamination of reusable medical devices.¹⁷
- Personal footcare provision within local areas should be subject to regular service reviews and include mechanisms for service user involvement and feedback.
- Where possible, involve people with a personal footcare need and their families and carers in the design and review of personal footcare arrangements in local areas.

Equality Impact Assessment

A range of options for personal footcare should be made available to people to make the correct choice to address their personal footcare needs. It is a requirement that any service model (or combination of service models) selected by NHS Board areas to deliver personal footcare to people will be subject to that NHS Boards Equality Impact Assessment process. Assessment outcomes should clearly evidence steps taken to ensure local service design and delivery removes the risk of disproportionate negative impact or inequitable access for people with legally protected characteristics as defined by the Equality Act 2010.¹⁸

7: Acknowledgements

This guidance and the educational resources have been developed in partnership by a national working group. The group includes representation from the following: Association of Directors of Social Work (ADSW), Age Scotland, Care Inspectorate, Convention of Scottish Local Authorities (COSLA), NHS Education Scotland, NHS Podiatry Services, Scottish Care, Scottish Diabetes Foot Action Group, Scottish Government, Society of Chiropodists and Podiatrists and the Podiatry Private Practice Forum Scotland. With acknowledgement to all partners and participants for their involvement and contributions to this work.

With particular thanks also to NHS Education Scotland Knowledge Service Group, NHS Fife podiatry staff, colleagues from NHS Greater Glasgow and Clyde, film participants, residents and staff of Meldrum Gardens Care Home, South Lanarkshire Council and to staff and students from the Centre of Performing Arts, Reid Kerr College in Paisley who supported the development and production of the educational resources.

8: Useful Links

The personal footcare web page provides information and some short films about personal footcare. Access this via:

<http://www.knowledge.scot.nhs.uk/home/portals-and-topics/personal-footcare.aspx>

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

- Age Scotland: <http://www.ageuk.org.uk/scotland>
- Arthritis Research UK: <http://www.arthritisresearchuk.org>
- Alzheimer Scotland: <http://www.alzscot.org>
- Care Information Scotland: <http://www.careinfoscotland.co.uk>
- Diabetes UK (Scotland): http://www.diabetes.org.uk/In_Your_Area/Scotland
- NHS Inform: <http://www.nhsinform.co.uk>
- The Society of Chiropodists and Podiatrists: <http://www.scpod.org>

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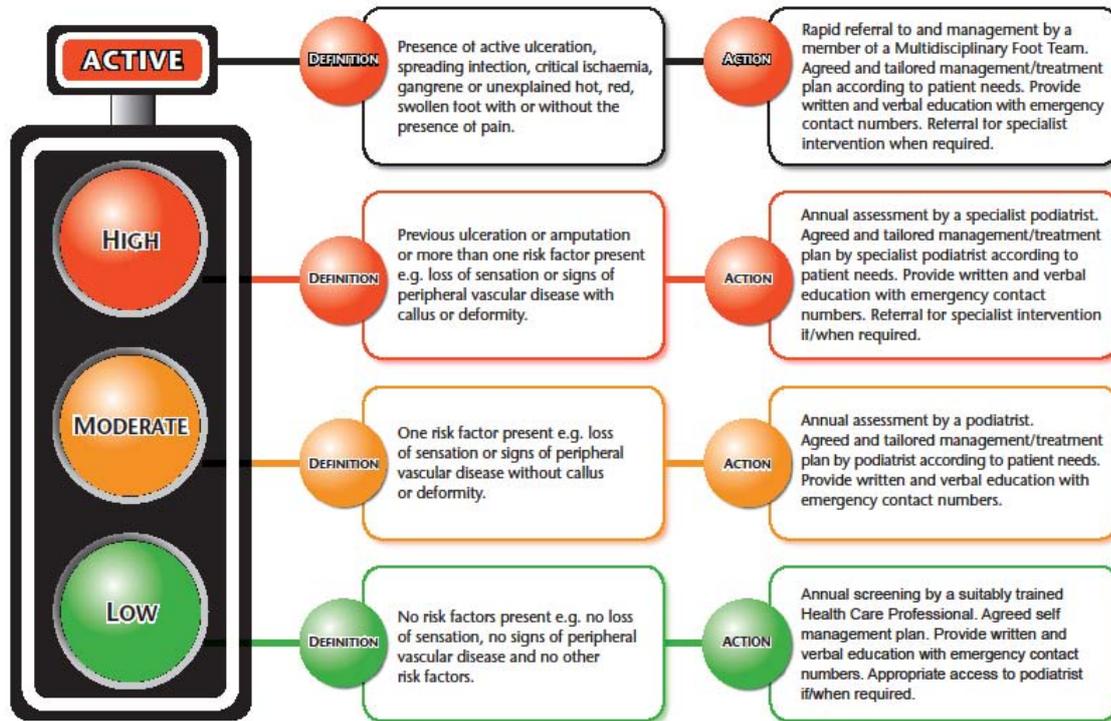
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All the educational resources are available online via the Personal Footcare page at <http://www.knowledge.scot.nhs.uk/home/portals-and-topics/personal-footcare.aspx>

Appendix 1

DIABETIC FOOT RISK STRATIFICATION AND TRIAGE



Produced by the Scottish Diabetes Group - Foot Action Group

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

Appendix 2

Further information on the links with the personal footcare guidance to national policy and strategy.

Carers Strategy⁹

The important role that carers play in provision of health and social care has been recognised in The Carers Strategy for Scotland 2010-2015. This highlights the need to ensure carers have appropriate information and training; in developing this personal footcare guidance we have tried to address this need by developing a series of supporting resources to meet the needs of a variety of different carers.

Falls prevention^{11,12}

Of particular relevance is the role that personal footcare plays in the prevention of falls and fractures and the resultant significant life changing problems these can go on to cause. Older people admitted to hospital after falling are more likely to be discharged to a care home than a comparative group of people admitted for any other reasons. The National Falls Prevention Programme works in partnership with key stakeholders to support Health and Social Care to adopt a co-ordinated and systematic approach to falls prevention as outlined in 'Up and About; Pathways for the Prevention and Management of Falls and Fragility Fractures'.

Healthcare Quality Strategy and 20:20 Vision^{7,8}

The personal footcare guidance supports the overarching quality ambitions to deliver safe, effective, person centred services based on individual needs as it seeks to support individuals to self care where possible and enable them to live healthy and independently for as long as possible in their own homes.

The National Delivery Plan for the Allied Health Professions (AHPs) in Scotland¹³

The National Delivery Plan for AHPs in Scotland provides an opportunity to align the contribution of AHPs to national priorities for health and social care. The plan calls for AHPs to lead and deliver more enabling services, shifting the focus away from dependency and towards supported self-management and resilience. Implementation of the guidance on personal footcare supports the overall aims of the plan. The document details a key action point for NHS boards in terms of implementation of the guidance on personal footcare.

Integration of Health and Social Care¹⁴

The Scottish Government has committed to establishing an integrated approach to planning and delivering health and social care; this includes integration within the NHS and between primary and secondary care. New legislation will be needed to facilitate integration, including the establishment of Health and Social Care Partnerships with delegated integrated budgets. This will promote closer partnership working in planning and delivering services that will be crucial to the implementation of the personal footcare guidance.

Reshaping Care for Older People¹⁵

The overall aim in Reshaping Care for Older People: a programme for change 2011-2021 is to 'optimise independence and well being of older people at home or in homely setting'. Good personal footcare clearly contributes to this work programme by helping older people to remain active, well and independent for as long as possible.

Scotland's National Dementia Strategy 2013-16¹⁶

The second national dementia strategy aims to ensure that people with dementia and their families are supported in the best way possible. Personal footcare makes a clear contribution to this by supporting a holistic approach for individuals their families and carers living with dementia.

Appendix 3

Model 1. Supported self care for individuals

This model is supported by education on personal footcare that is often provided by NHS podiatry services. It can be delivered on an individual or small group basis to a variety of people including people with a personal footcare need and unpaid carers who can support self care for others.

The evaluation of the supported self care model has good results and is one that is currently in place in some areas of Scotland. This benefits those individuals who are able to carry out their own footcare with some additional support, or have a relative or carer that can provide assistance with this. However, 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 with this.

It is acknowledged that within this model, provision of education and awareness to allow self care for people and their carers is a clear component of possible strategies. Open access to national educational resources both online and in DVD format will support a framework within which NHS boards can provide this approach.

Case example: NHS Tayside Self Management Programme

Individuals referred to NHS Tayside podiatry service who are considered to have a low risk of foot problems and able to manage their own footcare effectively are invited to attend a self management programme.

At the start of the session participants are asked to complete a questionnaire to understand how competent they feel about managing their own footcare. They are asked to re-evaluate this at the end of the session.

Wherever possible, the sessions are delivered in a non-clinical environment and the podiatrist delivering the programme does not wear a uniform, in an attempt to de-medicalise the content. Attendees watch a very short DVD followed by a presentation and a practical session.

Carers and family members are encouraged to attend, especially if they are the person to be carrying out the personal footcare.

Following attendance at the session, patients are discharged from the podiatry service although they are able to re access the service for a further 12 months, without having to re-submit a new referral form, should a problem arise. Very seldom do patients actually make contact and if they do, a podiatrist will call them back within 48 hours with advice. If this does not suffice, the patient is given an emergency appointment to attend a clinic for that specific problem.

For details contact Judith Murrie, Podiatry Lead, Perth and Kinross, NHS Tayside.
judith.murrie@nhs.net

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 is a well established model currently in place across 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. This can help employed care staff to confidently and safely provide personal footcare.

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.

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 support personal footcare providers in the recognition of potential foot problems and define clear care pathways to NHS podiatry services.

Case example: NHS Fife Care Homes Training and Healthy Footsteps Poster

NHS Fife Podiatry service has a dedicated care home team which regularly provides education and support sessions to carers, care home and care at home staff. Over the past 10 years a power point presentation has been provided highlighting the role of the carer and how they can improve the foot health of the residents by undertaking simple personal care tasks. The training session helps the carer to carry out their role but also makes sure they know when to refer onto the podiatry service.

Over the past year the care home team has been working with the NHS Fife Podiatry Diabetes Educator to develop a new training format. Together they have produced a healthy footsteps poster. Evidence shows that adults learn more from interactive training rather than a lecture style. Therefore this training format encourages participants to have group discussions, with the educator taking a facilitators role.

The evaluation of the project is currently underway and early results are showing a decrease in inappropriate referrals from care homes.

For further details contact Karen Hutt, Lead Podiatrist for Learning Disabilities and Care Homes, LyneBank Hospital, NHS Fife. Karen.Hutt@nhs.net

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: Shetland Voluntary Nail Cutting Service

The Shetland Voluntary Nail Cutting Service has been up and running for a number of years now and continues to expand. Volunteer "nail cutters" receive basic coaching by a Podiatrist on how to cut toenails. Volunteers require to be members of the Protection of Vulnerable Groups (PVG) scheme.

The service is run by a committee and receives funding for expenses from NHS Shetland. The volunteers work in a person's own home, health centres and access a room at the out-patients department of a local hospital on a Saturday morning.

Referral to the service is via a health care professional using a simple referral form. All referrers receive guidance on the referral from both the service and the Podiatry department. The service has guidelines and is a stand alone organisation.

People receiving this service are given a pair of nail nippers and a file, which they keep and bring along to each appointment.

For details contact Chris Hamer, Podiatry Lead, NHS Shetland. c.hamer@nhs.net

Model 4. Independent podiatry practice

In some parts of the United Kingdom a number of independent podiatry practices provide personal footcare for people unable to self care. In some cases podiatry assistants provide this service as part of the skill mix within an independent podiatry practice.

Case example: Private Practice Podiatry - Reduced cost service for personal footcare

A number of independent podiatry practices in Scotland offer a reduced cost service for patients with a personal footcare need. Following assessment of personal care at the first appointment the patient will be offered future appointments at a reduced cost than what is normally charged in private practice. The first appointment will be charged at the normal rate.

There is established practice in Scotland where independent podiatry practices charge a reduced cost to care home residents some of whom will have a personal footcare need only.

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If you would like this document in Braille, audio-tape format, or another language please contact the Scottish Government CNOPPPAdmin@scotland.gsi.gov.uk.

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This document is also available on the Scottish Government website and the Personal Footcare homepage:

<http://www.knowledge.scot.nhs.uk/home/portals-and-topics/personal-footcare.aspx>.

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