

Experiences of Podiatry Services in Barnet



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INTRODUCTION

Healthwatch was established through the Health and Social Care Act 2012 to give service users of health and social care services a powerful voice both locally and nationally. Healthwatch Barnet was established in 2013 and is part of a national network led by Healthwatch England.

We listen to people's views about Barnet services, both good and bad. If there are concerns about the quality or safety of services, or there are unmet needs, we feedback patients experiences, to local commissioners and decision makers, in order to improve services.

BACKGROUND



Who Accesses Podiatry Services and Why We Need Them

Core podiatry¹ services involve the treatment of nails, corns and calluses and also giving footwear and foot health advice. In the UK, around 4% of the general population access podiatry services at least 4 times a year, with numbers increasing amongst older age groups (1). Podiatrists play an important multidisciplinary role providing foot care services, in addition to signposting and working across healthcare teams for patients with diabetes, arthritis or who suffer from falls. Podiatrists working within the NHS also act as an additional point of contact within the healthcare system.

People across different age groups access podiatry services, however the majority are older as the risk of foot conditions increases with age. For 31% of older patients, not being able to cut their own toenails is a major reason for accessing podiatry services (2).

Ensuring access to toenail cutting services prevents these groups from future falls that result in admission or readmission to hospital and associated complications (3)(4). Falls in the over 65s account for 4 million hospital bed days every year, impacting on the patients and costing the NHS (5). There are multiple reasons why people are unable to cut their own toenails, including arthritis, difficulty bending down, visual impairments and nails that become thickened and difficult to cut. As our population ages, so too will the number of people requiring foot care.

Maintaining healthy feet has been shown to have a positive impact on general health and wellbeing and quality of life, through for example:

-  Reducing pain and discomfort
-  Reducing the risk of falls

¹ The terms podiatry and chiropody used throughout this report are interchangeable, as podiatry is the more recent term for chiropody.

- ✚ Increasing balance and mobility
- ✚ Increasing participation in activities
- ✚ Avoiding social isolation

Changes to Barnet Podiatry Services

Healthwatch Barnet were made aware of issues for members of the public not being able to continue accessing NHS podiatry services in early 2017. This feedback came from several members of the public who had previously been offered NHS podiatry care via Central London Community Healthcare (CLCH), but had been informed this was going to cease. Healthwatch Barnet met with CLCH and the Barnet Clinical Commissioning Group (CCG) to understand the situation.

The qualifying criteria for podiatry treatment via the NHS and provided by CLCH, have been clarified. It appears that more people than were technically qualified to receive the service, had been receiving it for some years. These individuals were unaware of this. A significant number of patients (approx. 400) were contacted by CLCH in mid-2017 to inform them that they no longer qualified and their service had been stopped. They were given two local alternative sources of help from the voluntary sector (both for older people) or advised to use the services of a private podiatrist.

The criteria for accessing the service can be found on the CLCH website (or in Appendix I). These published criteria are quite general, and may not clearly explain to patients whether or not they will receive a service. The newly applied criteria essentially restrict the service to those patients who have a medical need for foot care, and it will no longer be available for people who need routine toe nail cutting, or similar care.

METHODOLOGY

Analysis of Local Services

Healthwatch Barnet decided to look at the alternatives that are available locally to understand the options open to Barnet residents and the cohort of people no longer eligible for NHS treatment. A mystery shopper exercise was carried out to assess the range of local services that provide help with toe nail cutting. Healthwatch Barnet volunteers took a sample of 3 areas in the Borough of Barnet (East Barnet, Mill Hill and East Finchley) and overall, 29 services where nail cutting is provided, were contacted by phone and asked about the services they provide. Where possible the websites were also viewed, to check for additional information.

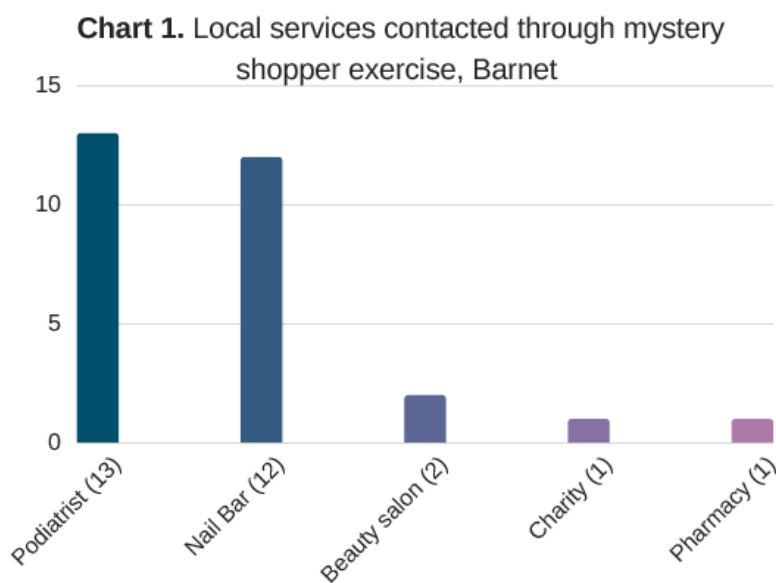
Service User Survey

Healthwatch Barnet also designed and carried out a short survey on podiatry services (Appendix II). Participants were asked a range of questions including where they get their toenails cut, the cost of services, how often they received the service, and whether they were happy with it. Respondents were also given the chance to give comments on how to improve podiatry services in their local area. We visited some local community services for older people and also talked to some individuals who made contact with Healthwatch Barnet.

FINDINGS

Analysis of Local Services

Of the 29 services that were contacted, 13 were podiatrists (12 private and 1 NHS service) and 12 were nail bars. The remainder were made up of beauty salons (including a hairdresser), a pharmacy and charity provider (Age UK). **Chart 1** below shows the types and numbers of services available in Barnet.

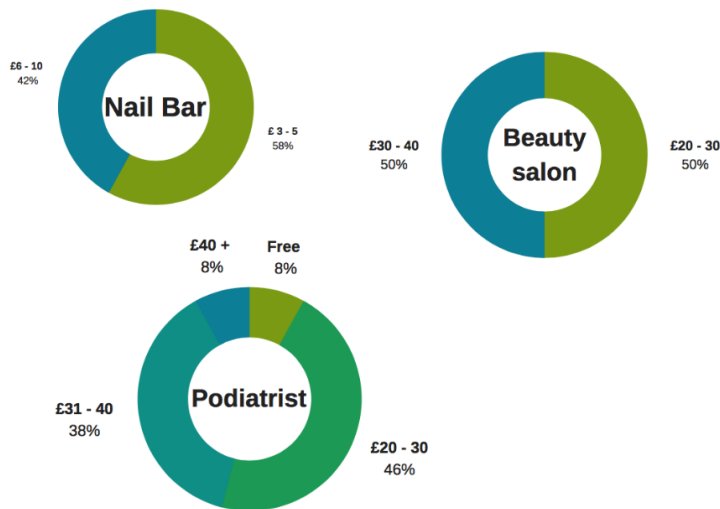


Costs for nail cutting: The costs at the different locations ranged from £3 for nail cutting at a nail bar, to £45 for an appointment with a private podiatrist. One podiatrist provided NHS treatment and was therefore free, however referral to the service was required. **Chart 2** indicates the range of costs for nail cutting at the different services providers. The cost of nail cutting at the one pharmacy contacted was over £40.

The average cost for nail cutting at a nail bar was £6.60, which compares to the average cost of £27.30 to see a podiatrist. At one private podiatry service, specialist treatments, including nail resection and nail avulsion ranged from £75 to £250².

² Surgeries performed to treat ingrown toenails.

Chart 2. Cost of nail cutting by service provider type



Home visits: 7 services said they offered home visits, with one saying that home visits could be negotiated. The majority of services that did not provide home visits were nail bars. Services that did carry out home visits had high service rates, which ranged from £32 to £80, per visit. For three of the services there was ambiguity around how much the final cost would come to as prices depended on the degree of treatment necessary and the distance travelled.

Health Conditions: 16 services were happy to provide toenail cutting if the service user had diabetes or another health condition. 4 of these said they are able to deal with a variety of conditions including ingrown toenails and skin infections for people with diabetes. Most nail bars did not offer health screening of any sort, and did not offer toe nail cutting if they were aware someone had diabetes or another relevant condition. However, one nail bar said staff know how to recognise health problems and would refer to a doctor if necessary.

Trained staff: All of the podiatry services had fully trained staff who were registered with the Health and Care Professions Council (HCPC). One nail bar said their staff had National Vocational Qualifications (NVQ), while the other nail bars said their staff were trained in nail cutting, manicures and foot care. Two of the services did not have a good enough level of English to answer this question.

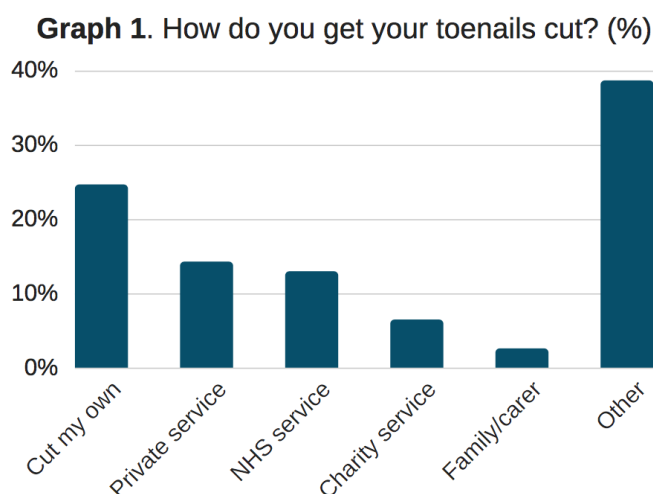
Additional costs: These were found when services were asked if they carried out health assessments prior to treatment. 14 of the 25 services that answered this question, said they carried out initial health screening, however information on what this entails was not provided. Half of these (7 services) were podiatrists that carried out diabetic assessments if necessary. Diabetic assessments allow the identification of risk factors for common foot complications linked to diabetes and whether a patient is at low or high risk of these. Assessments check the circulation (blood flow) and nerve supply (sensation) in a patient’s foot. Information about what an assessment involves was only provided on two of the websites. Diabetic assessments added an additional £40 – £75 on top of the nail cutting price and lasted anywhere between 30 minutes to an hour.

Service User Survey

Overall, 77 people took part in the survey. The participants were from an older demographic group and the largest number of participants (39%) were in the 81 – 90 age bracket, followed by those over 90 (26%) and those aged 71 – 80 (18%).

How do you get your toenails cut?

A quarter (19) of all respondents cut their own toenails at home, 11 (14%) respondents used a private service and 10 (13%) a free NHS service. 5 people (6%) used a chiropody service provided by a charity such as Age UK and only 2 (3%) said they get a family member or a carer to cut them. 30 respondents (39%), put 'other' to describe where they get their toenails cut and this was therefore the most common response (**graph 1**).

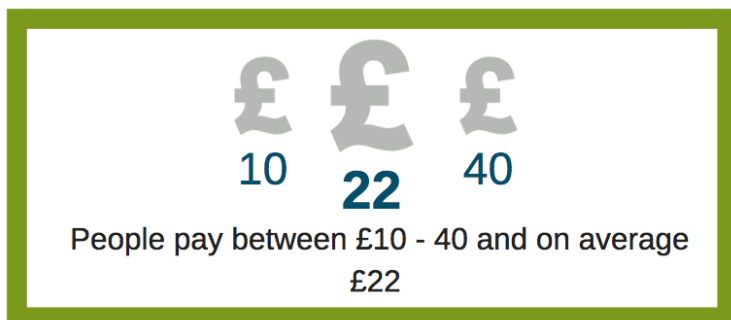


Through additional information provided by those who put 'other' we discovered that 6 of these previously received free podiatry services (for example, at the Mill Hill clinic) but had recently discovered they were no longer eligible. These respondents had since resorted to cutting their toenails themselves or getting it done by a family member.

Another 5 respondents said they (or a family member) cut their own toenails *and* they also use a private service on occasion. Finally, 3 people said the service is provided by the care homes they live in.

How much do you pay for this service?

For 45 respondents (58%), the cost of the toenail cutting service was not applicable as they either do it themselves, get it free on the NHS or get a family member to cut them.



For the 32 respondents who do pay, the average cost per visit was found to be £22. Five people said they pay £30 or more and two people (6%) indicated that the cost means that they currently *cannot* afford any service.

38 people (49%) answered the question ‘is the cost an issue for you?’ and 17 (45%) reported that the cost was an issue for them. Other respondents said that family members currently paid for them or that the cost is an issue ‘*sometimes*’ and might become an issue for them in the future.

How far do you travel?

Over half of respondents (44 people) gave travel information, giving insight into the mode of transport and level of difficulty required when accessing podiatry services. Just over a quarter of respondents (12 people, 27%) said the appointments were only a short distance away from their home, with 3 people (7%) saying they are able to walk to their appointment. 7 people (16%) said they received the service at home and therefore did not need to travel at all. However, 4 respondents (9%) required a family member (“*daughter*”, “*nephew*”) to drive them with the same number needing to take multiple buses to get to their appointments (“*2 buses, takes 1 hour*”).

How often do you visit this service?

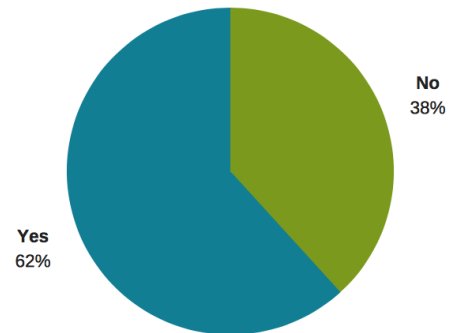
45 respondents provided information on this. Close to half (47%) access podiatry services every 1 – 2 months and 22% said they do every 3 months. 4 respondents said they access services ‘whenever needed’.

Do you consider yourself to have a long-term condition that affects your ability to cut your own toenails?

42 (62%) respondents agreed they had a long-term condition that affected their ability to cut their own toe nails. Of these, 34 respondents described the condition that affected

them, with the highest number saying they have diabetes (10 people) or are unable to bend (9 people) due to for example, “*severe back pain*” and “*paralysis*”. Other common explanations were hip pain (such as broken hips/hip replacements) (4 people) and being wheelchair bound (3 people). Other less common reasons given were a heart condition, multiple sclerosis (MS) and general old age.

Do you consider yourself to have a long-term condition that affects your ability to cut your toenails? (%)



Patient experiences and improvements

Throughout the survey, respondents were able to elaborate on their experiences of podiatry services. In particular, two respondents made clear that they had been very happy with the podiatry services they received through the NHS, but were aware they would no longer be accessing them:

“I was happy [with the service], they don’t fund CLCH services anymore. I need to see someone”

In addition, we received 17 comments which provided insight into the service user experience. As a common theme throughout the survey, the cost of services came up again in three of the respondents comments:

“I find it frustrating that I no longer have access to this service for free as I still have great trouble in cutting my nails. Even worse they didn't refer me to a place that is cheap or close by”

“It has been over 4 months since I last had my toe nails trimmed because I just can’t afford the service anymore. I don't know if I qualify for free NHS service how do I find out?”

Other comments related to infrequent visits and the effect of the changes to podiatry services in Barnet on service users:

“I have fallen arches and visit the podiatrist once in a blue moon. They seem reluctant to see one more often”

“I am filling this form on behalf of my 41-year-old disabled son. He has been having his toe nails cut for the last 20 years through the NHS and to be sent this letter and told he no longer in entitled to this service. It has been very distressing and difficult.”

Two respondents gave positive feedback about the service they receive. For example, one person was ‘very happy’ with the chiropodist who comes to their house. Another response from a family member was also positive about the NHS service which they currently continue to receive:

“They send us a letter to remind us of the next appointment and sometimes they text us. Texting us the reminder works really well for me. Sometimes if Edgware is busy then we go to Finchley memorial podiatry service. It’s a very good service”

CONCLUSIONS

Having investigated the situation in Barnet by talking to many service users, Barnet CCG and CLCH, Healthwatch Barnet feel that there is a gap in services available to residents who have difficulty in cutting their own toe nails. The cost benefits of providing a good service at this point would make economic sense. Where residents have good foot care and are able to maintain their mobility they will require less medical and social care support, as well as having a better quality of life.

We fully recognise that NHS budgets are stretched and where there is not a medical need for toe nail cutting this cannot be justified. However, we feel that a service should be commissioned to offer affordable toe-nail cutting at a non-profit making rate which can be accessed by the local population, recognising the value of preventative services.

It would be beneficial for a paid-for, but non-profit making service to be commissioned for the cohort of patients who require regular support to cut their toe nails, but do not have a medical need which means they qualify for full podiatrist care.

Currently we are aware of three local charities who offer podiatry services at a lower rate. All three charities support older people and we are not aware of any charities who offer affordable services for anyone outside of this group.

There is much that could be done to support patients, carers (paid and unpaid) and family members to understand how to best cut toe nails. We came across many people who felt they did not have the skills to do this task and were apprehensive about doing it. We felt with suitable guidance and training many people would be very willing and able to undertake the task.

We were told that most homecare workers who supported residents (people who provide care and support in people's homes) and care home staff were not trained to do this either. We felt this was something that could be addressed.

Finally, the criteria for accessing CLCH/NHS podiatrist services should be clear and transparent so patients and referring organisations are very clear about who is eligible.

RECOMMENDATIONS

From both our research into the local podiatry/foot care services in Barnet and detailed surveys with Barnet residents, five key recommendations have emerged:

1. An affordable toenail cutting service that offers low-cost services should be commissioned, to be accessible to the local population of Barnet.
2. Increased awareness of and education around toenail cutting is needed for service users, their families and carers to be able to carry out basic foot hygiene and toenail cutting in their own home.
3. Explore the possibility of homecare workers and care home staff having training around toenail cutting, to enable them to safely carry this out and to feel more confident.
4. CLCH/NHS referral criteria for podiatry services need to make clearer who is eligible for NHS services and this information should be made available.
5. Commissioners and/or the NHS provider, (CLCH) should produce guidance and information to inform people of what to look for in alternative services (such as qualifications, health screening etc.)

If followed, these recommendations will help prevent future health complications and improve the experiences of Barnet residents (and their family members/carers), who require podiatry services but are no longer eligible for NHS podiatry services.

INITIAL RESPONSE FROM BARNET CLINICAL COMMISSIONING GROUP:

Barnet CCG welcomes the Podiatry report and appreciates the time that Barnet residents have given to this study and to this challenging issue. We will discuss the report and its findings and recommendations with our colleagues in Barnet Council's Adult Social Care, Children's Services and Public Health, to develop a joined-up response.

APPENDIX I

The criteria for GPs and healthcare professionals referring Barnet residents to podiatry services can be found on the Central London Community Healthcare (CLCH) website ([http://www.clch.nhs.uk/services/podiatry-\(foot-health\).aspx](http://www.clch.nhs.uk/services/podiatry-(foot-health).aspx)). The image below indicates the criteria.

Referral criteria for our podiatry service

Podiatry Services are provided on a needs-led basis. Any member of the community requiring foot care or foot health advice will receive an initial assessment or education session. Eligibility for treatment will be assessed against a patient's foot condition and any medical or physical condition that may be an influencing factor

Medical priority for treatment will be given to people with any of the following conditions:

- diabetes
- rheumatoid arthritis and other inflammatory or connective tissue disorders
- peripheral vascular disease
- neurological disorders affecting the foot and lower limb
- HIV/immunosuppressed/long term steroid therapy

Podiatric priority for treatment will be given to people with any of the following:

- Acute pain
- Acute/chronic painful lesions
- Other acute problems including ulceration, infection, haemorrhage
- Bio-mechanical problems or gait dysfunction

Non-eligible conditions for treatment include:

- Patients with no foot or medical priority conditions requiring continued care
- Patients able to undertake their own basic foot and nail care
- those with carers or relatives able to do so
- Minor callous and verrucae which are asymptomatic (painless)
- Problems that are caused or aggravated by inappropriate footwear

Patients have to be living in, or registered with a GP, in Barnet, Kensington and Chelsea, Hammersmith and Fulham, or Westminster to access our podiatry services in that borough.

APPENDIX II

The survey questionnaire used can be found below.

Healthwatch Barnet Podiatry Experience Survey
Podiatry Services in Barnet

Healthwatch Barnet are interested in hearing feedback from people in the local area about any issues they experience with toenail cutting. For many, this is a routine task, but for some, it can be extremely difficult and they may require some additional help. This can be costly and finding the right help is not always easy. We would really like to hear feedback from older people and those who have difficulty with this task to help us understand the local issues. The Clinical Commissioning Group, who purchase podiatry services for people who need specialist help for health reasons, are interested in ensuring needs are met and are working with us on this reviews.

This survey will take 10 minutes. Your feedback is important. Thank you for participating in our survey.

1. How do you get your toenails cut?

- | | |
|---|--|
| <input type="radio"/> Cut my own nails at home | <input type="radio"/> Use chiropody service provided by local voluntary group (such as Age UK) |
| <input type="radio"/> Family member/carer cuts them | <input type="radio"/> Use private service, eg, private chiropodist |
| <input type="radio"/> Access NHS service (free) | |
| <input type="radio"/> Other (please specify) | |

2. If you use a 'paid for' service, how much do you pay for this?

3. Is the cost of this service an issue for you?

- Yes
- No

Any other comments

4. Are you happy with the service

- Yes
- No

Any other comments

5. How far do you travel to this service?

Yes

No

Any other comments

6. How often do you visit this service

7. Do you have any issue with cutting your finger nails?

Yes

No

Any other comments

8. Any other comments that you would like to make about this issue?

9. Do you consider yourself to have a long-term condition which affects your ability to cut your own toenails?

Yes

No

If yes, please tell us the condition, and if you wish to give any further comments

10. Please tell us your age

Under 20

20 - 30

31 - 40

41 - 50

51 - 60

61 - 70

71 - 80

81 - 90

90+

REFERENCES

1. The College of Podiatry, Sheffield Teaching Hospitals. To determine the current patient population managed by UK podiatrists and the evidence available to support the effectiveness of podiatric contributions to health and wellbeing. 2015.
2. Nursing Times. Foot assessment and care for older people. Nurs Times. 2014;110(50):12–5.
3. Shiva D, Neel B, Prakash K, Hiro K. Falls in the elderly - the need for more access to chiropody. Age Ageing. 2009;38(1):127–8.
4. Carpenter CR, Scheatzle MD, Antonio JAD, Ricci PT, Coben JH. Identification of Fall Risk Factors in Older Adult Emergency Department Patients. Soc Acad Emerg Med. 2009;16(3):211–9.
5. Jonathan T, Janet H, Derek L, Naomi V. Falling standards, broken promises of falls and bone health in. 2011.