

Questions you may have

- 1) **Why are these changes happening?**
There is a growing demand for podiatry services, and changes are needed to improve access and frequency of podiatry appointments for patients with a high medical or podiatric need.
- 2) **Why is there such high demand for podiatry services?**
An increasing number of younger people are developing long-term conditions and presenting with foot health problems, whilst at the same time the older population is increasing in size.
- 3) **Why are high risk patients prioritised?**
Prioritising patients with high medical or podiatric needs can reduce the need for more invasive surgery which carries greater risks, and will give patients a better quality of life, for a longer time.
Most diabetes-related amputations are caused by foot ulcers failing to heal. Regular podiatry appointments ensure that foot ulcers are detected early or prevented.
The podiatry service will not solely prioritise diabetic patients, but will prioritise those with the greatest medical need, whether they have diabetes or not.
- 4) **How will you ensure the service is fair?**
The new model will be based on clearly defined criteria from clinical evidence, ensuring the service is fair.
- 5) **Has this happened elsewhere in the UK?**
Yes, most of the NHS podiatry services in the UK have already made these changes. This includes other regional services such as Leeds, Sheffield, Kirklees, Hull, and Wakefield.

- 6) **What happens if I am no longer eligible to receive care?**
Everyone will be individually re-assessed by the podiatry team to decide if they are eligible to receive care. If not, you will be signposted to information about managing your own foot care, what to look out for and how to escalate concerns should you have them.
- 7) **Is this a cost-cutting exercise?**
No, we need to ensure that services are available and provided to those with the greatest need.
- 8) **If I am discharged and then develop a foot problem what will I do?**
All patients who develop foot problems can self-refer into the podiatry service for reassessment of their needs.
- 9) **Will diabetic patients with low risk be monitored?**
All diabetic patients will continue to receive their annual diabetic foot checks.

Your views

After reading the information, do you understand the changes to the Calderdale Podiatry service?

Yes No

Do you have any concerns relating to these changes?

Yes No

If yes please tell us more about this by completing a feedback survey here;
<https://forms.office.com/e/AYHq0bgPPq>

Scanning the qr code:



Or asking for a paper copy of the survey in any of our podiatry clinics.

We will consider all feedback received.

Podiatry Changes to the service in Calderdale



What is podiatry?

Podiatry is an area of specialist healthcare that focuses on the prevention, diagnosis, treatment, and rehabilitation of abnormal conditions of the feet and lower limbs. Podiatry is also involved in the prevention and correction of deformity, keeping people mobile and active, relieving pain and preventing the complications caused by conditions which put the foot at risk of ulceration and amputation.

What are the proposed changes?

There are clear criteria to help decide which patients are in most need of clinical podiatry services, and those who are not eligible. At the moment, these criteria are not consistently applied across Calderdale, which means that people have different levels of access to podiatry services.

To ensure that those people with the greatest need for podiatry receive it in a timely manner, and to effectively use the resources we have, we need to make sure we are applying the criteria for all patients. This may mean that some patients will no longer be eligible for podiatry services.

Why things need to change

Demand for the podiatry service in Calderdale is growing, and we need to make some changes to ensure that local health needs are met, both now and in the future.

The service must support those patients with the greatest need, such as those with rheumatoid arthritis, peripheral arterial disease, and diabetes. These patients may have an increased risk of developing foot complications such as ulcers and, in the worst cases, amputation.

Ensuring that appropriate criteria is used to access the Podiatry service will improve the service for patients that need them most by:

- Reducing wait times for appointments
- Providing safer care by being able to see the patients who need the service more often
- Increasing the quality of care by providing more specialist care, such as wound management
- Providing better support and information to enable people to care for their own feet and prevent future problems.

People in Calderdale are living longer, which is good news, however it does mean that we have an increasing number of patients with the type of long-term condition where they need to access podiatry services.

The National Institute for Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on treatments and care for people using the NHS. NICE guidance recommends that services for clinical foot care related to certain long-term conditions should be available on the NHS.

This guidance that tells us who should receive podiatry treatment. In the past this guidance hasn't been strictly followed and there are people being treated who don't have a clinical need for podiatry. In the new service, people with no significant podiatry need, or low-risk feet would not receive services funded by the NHS. These patients include those with verrucae, dry skin, fungal infections, and those requiring personal cares, such as nail cutting.



People we see			People we don't see
Podiatric (foot) need	Medical need	Musculoskeletal foot problems	Non-Eligible conditions
<ul style="list-style-type: none"> • Ulceration / non-healing foot wounds • Foot infection which has required antibiotic treatment (excluding fungal nails) • In-growing toenail with infection / inflammation / pain • Painful corns • Painful, large areas of callus 	<ul style="list-style-type: none"> • Neuropathy (Loss of feeling) • Peripheral Vascular Disease (very poor circulation) • Rheumatoid / inflammatory arthritis • Foot ulcers • Immunosuppressed patients • Palliative / End of life patients. 	<ul style="list-style-type: none"> • Foot pain from Musculoskeletal foot conditions such as plantar fasciitis • Severe foot deformities such as painful hammer toe or bunions. • Gait (walking pattern) abnormalities in children • Painful feet in children 	<ul style="list-style-type: none"> • General nail care • Minimal or non-painful calluses or corns • Verrucae • Low risk Diabetes* • Fungal nail/ skin infections <p><i>*Annual diabetic foot screening is accessed via GP surgeries</i></p>