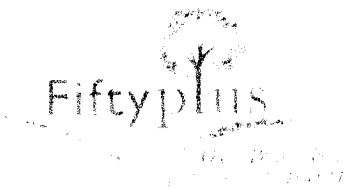
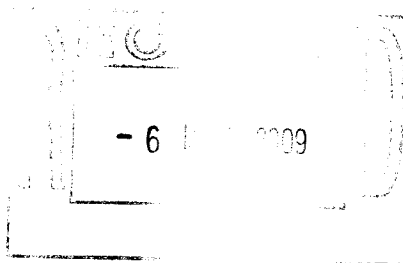


Sian Jones
Forum Development Officer
Principality House
Rear of 31 Taff Street
Pontypridd
CF37 4TR.



Val Lloyd AM
Chair
Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA.



5-5-09

Dear Val Laloyd

Re: Footcare in Cynon Valley

GDT

I am writing to you on behalf of the above, Fifty Plus Older People's Forum.

We have petitioned in the area for better, affordable Footcare; which involves older people who are represented in the Forum, and those who are housebound.

David Davies one of our members highlighted this issue when he realised the NHS were referring to Toe Nail cutting etc: as a social need and not a medical one. This has brought the issue to our attention as we all currently pay for such a service in our own homes as it isn't readily available on the NHS.

After considerable research we find that some GP Surgery's offer Chiropody/Podiatry service in some part of Wales and even some parts of RCT. However, we feel once again this is a post code lottery, service for some and not for others.

We have met with Age Concern Cymru who have printed a document on this subject 'Little steps can make a Big Difference' and are carrying out some research to consider this issue.

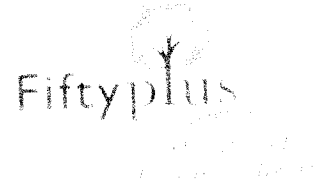
Falls Prevention – the new strategy takes into consideration that falls can happen if that person has long toe nails/hard skin/in-growing toe nails which are untreated. Routine foot care services are a simple and inexpensive way of preventing problems and avoiding the necessity of more expensive hospital based interventions. To prevent falls and improve foot care, more funding should be made available to voluntary organisations for example, the 'Wellbeing Regeneration' organisation in Burryport, who are a Social Enterprise offering an affordable service to house-bound older people.

We the Older People's Forum in Cynon Valley, present the petition, and would like you to address this issue of Footcare – Post Code Lottery in Wales.
It has been proven over time, that prevention is better than cure, so please can you help and prevent future accidents/diseases/conditions by endeavouring to look at the issue; is it Medical or Social Care for Chiropody/Podiatry services in Wales?

We look forward to hearing from you.

Yours sincerely

Sian Jones
On behalf of Cynon Valley Forum.



Edwina Hart AM MBE

Y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Our ref: EH/05056/09
Your ref: PET-03-221

DECEMBER
1 - JUL 2009

Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Sandy Mewies AM
Temporary Chair of the Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Cardiff Bay
Cardiff CF99 1NA
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WELSH PETITIONS
COMMISSION
2009

ADJ

Deu Senn -

30 June 2009

Thank you for your letter of 15 June on behalf of the Petitions Committee about the petition submitted by the Cynon Valley 50 Plus Older People's Forum regarding Chiropody treatment in Wales. You asked for details of foot-care provision throughout Wales and details of the actions the Welsh Assembly Government has taken to ensure consistency of footcare services across Wales particularly in the Rhondda Cynon area.

It is the role of Local Health Boards (LHB) to assess the health needs of the local population and to plan and prioritise services accordingly. I recognise that services currently provided across Wales do vary, primarily as a legacy of eligibility and access criteria determined by the individual commissioners. I want to ensure that patients are treated as close to home as possible. The abolition of the internal market and the establishment of the new LHBs will help facilitate greater standardisation of service provision across Wales over time.

I have asked officials to produce briefing papers on the current position of each of the therapy services, including podiatry. This will build on the Therapy Strategy published in 2006 and is being taken forward under the title 'Mapping Therapy Services'. The mapping exercise will provide a clearer picture of NHS therapy provision and highlight areas of innovative practice which are relevant and can be applied across other parts of Wales. The podiatry paper, together with those from the other therapy services, will be used to help inform future planning processes in the newly evolving LHBs. They will be of particular interest to the new Directors of Therapies and Health Science in the LHBs. I have also asked the Welsh Therapies Advisory Committee to develop a set of national recommendations in response to this mapping work.

In addition, I have commissioned a scoping exercise on the level and nature of provision of social footcare in Wales. This work is nearing completion and I feel confident that taken together these elements of work will help ensure that future provision of services will meet local needs more consistently.

A handwritten signature in black ink, consisting of a series of fluid, connected strokes that are difficult to decipher as a specific name.

Cwm Taf

Letter from Cwm Taf NHS Trust #1
Your ref/eich cyf:

Ymddiriedolaeth GIG / NHS Trust

Our ref/ ein cyf: GB/DJ/LT

Date / dyddiad: 18/08/2009

Tel: 01685 728110

Fax/ facs: 01685 724449/4452

email/ ebost: Gillian.Bowtell@wales.nhs.uk

Dept / adran: Therapy Directorate/Podiatric
and Orthotic services



NHS

GIG

26 AUG 2009

DEPARTMENT OF THERAPIES

Sandy Mewies

Temporary Chair of the Petitions Committee

National Assembly for Wales

Cardiff Bay

CARDIFF

CF99 1NA

Dear Ms Mewies,

Re: Petition: Improved NHS Chiropody Treatment

Thank you for your recent communication regarding the issues raised by the Cynon Valley 50 Plus Older People's Forum calling for 'Improved Chiropody Service (foot care) to be available on the NHS especially for Older People who are housebound in the RCT area'.

In their foot care survey (2008), Age Concern Cymru found that there had been a "clear decline in the provision of foot care services in Wales" and that there was "no provision for lower level foot care services". Recognising the value for social foot care and in response to the concerns raised by Age Concern Cymru, Mrs Edwina Hart commissioned a scoping exercise to explore the issue and develop options to improve services for the future. The scoping exercise being lead by Mrs J Smith, Therapy Advisor for Wales, began late December last year and its finding and options are awaited.

Cont'd.....

Return Address:

Therapies Department, Block 6, Prince Charles Hospital

The service in Cwm Taf provides lower level podiatric foot care where there is a podiatric pathology or a primary medical condition which has had or may have a direct effect on Foot Health. The department is unable to provide social foot care for people who have no appropriate underlying medical condition affecting foot health. As the service offers an assessment for each referral accepted, education and empowerment is offered at this occasion to enable self / family care to be successfully achieved.

The Trust appreciates the demand for social foot care in the communities and awaits the recommendations from the Welsh Assembly Government on how organisations will best move forward to meet the need.

Whilst the Head of Podiatry and Orthotics, Mrs Denise Jenkins, was unaware of this petition, she would be more than happy to discuss the local issues with you.

Yours sincerely,



GILL BOWTELL
Clinical Director of Therapies Services

c.c. Val Lloyd (AM)



REPORT ON FOOTCARE IN CYNON VALLEY AREA:

This report is written on behalf of the Cynon Valley Fifty Plus Older People's Forum.

Good Foot care is essential for the dignity, quality of life and well being of older. Many older people struggle to care for their feet due to health problems, such as sight impairment and arthritis, or they simply find it impossible to reach their feet to cut their toenails. Increasingly nail cutting and other foot care services are being withdrawn or restricted by the NHS' Although nail cutting may sound trivial, lack of even the most basic foot care frequently leads to complications than can result in dangerous falls, severe restrictions on mobility and social isolation.

Older people are increasingly being forced to pay for private foot care. The alternative – which disproportionately affects the poorest and most vulnerable older people – is to take desperate measures or to lose independence and suffer deterioration of their physical and mental health.(Little steps can make a Big Difference – ACCymru Oct.2008).

David Davies one of our members highlighted the issue of Foot Care specifically Toe Nail Cutting at the end of 2008, when he realised the NHS were referring to Toe Nail cutting: as a social need and not a medical one. This has brought the issue to the attention of the forum, as many currently pay for such a service in their own homes as it isn't readily available on the NHS.

After considerable research we find that some GP Surgery's offer Chiropody/Podiatry service in some part of Wales and even some parts of RCT. However, we feel once again this is a post code lottery, service for some and not for others.

We have met with Age Concern Cymru who have printed a document on this subject 'Little steps can make a Big Difference' and are carrying out some research to consider this issue.

Falls Prevention – the new strategy takes into consideration that falls can happen if that person has long toe nails/hard skin/in-growing toe nails which are untreated. Routine foot care services are a simple and inexpensive way of preventing problems and avoiding the necessity of more expensive hospital based interventions.

David Davies highlighted that in Burry Port where his daughter lives, they have an organisation named 'Wellbeing Regeneration' organisation which is a Social Enterprise offering an affordable service to older people. You receive your first examination which includes consultation. Once they agree for regular toe nails cutting, you then visit your local Day Centre where you have your toe nails cut and provided with a kit all for £16.00. Future toe nail cutting is provided for the cost of £6.00 per visit.

The 'Wellbeing Regeneration' – an innovative Ageing Well project in Llanelli, is an excellent example of joint-working: the NHS Podiatry Department train staff to undertake toenail cutting, the Local Authority provides free venues and the centre receives referrals from lots of different avenues.

Additionally the clinic provides information about different services and activities available to older people and carer and will signpost people to specialist agencies dependent on their needs. People enjoy the friendly environment, the social aspect and the opportunity to learn more about what is on offer elsewhere (ACCymru).

Recently a Falls Prevention Event was organised for the Older People's Forums in RCT in partnership with the teaching Local Health Board. There were 96 members present from the five forums: the workshops were facilitated around developing a Falls Prevention Strategy. One of the causes of a fall with older people is toe nail cutting and/or the lack of sufficient chiropody services.

We have carried out a survey in the Cynon Valley Forum on how people felt about the lack of service provision, whether they currently pay for foot care now and whether in the future they would participate in an organisation like the 'Wellbeing Regeneration' that provides a service in Burryport. Many of the participants needing foot care services would be happy to join a scheme similar to the 'Wellbeing Regeneration' project.

Age Concern Ceredigion is currently providing a nail cutting service with trained volunteers. At present the service is only available once a week in South Ceredigion at a Day Centre. This year 3 new volunteers have been trained by the Podiatry Department at Cardigan Hospital providing a total of five volunteers delivering the service on a rota basis. There is a charge for this service to cover costs of equipment. The scheme supports basic toe nail cutting for older people with mobility difficulties who find cutting their toe nails difficult. The service can improve quality of life substantially. The cost is £21.00 for registration and examination (includes £15.00 for foot care kit) then each visit afterwards cost £6.00. (Information via Director ACCeredigion). (From Little Steps can make a big difference – Report ACCymru).

However, some people could argue that why should volunteers provide a service that the NHS should be providing?

Others feel they would rather a service organised by volunteers than no service at all.

The expectation from some NHS Trusts, specify training family members and Carers.

This is abhorrent to some family members and carers, and it could prove extremely dangerous if they had an accident while cutting the nails, if they didn't notice something wrong with the toe/feet, and or if they badly cut the area. The carers of older people feel they have enough pressure from their role as a carer without introducing another task they would have to undertake.

We the Older People's Forum in Cynon Valley, have presented a petition to the Welsh Assembly Government copied to Age Concern Cymru who are organising a similar campaign.

The Cynon Valley Forum members want to put an end to this post code lottery, and have a standardised service for all.

It has been proven over time, that prevention is better than cure, so can you help and prevent future accidents/diseases/conditions by endeavouring to look at the issue; is it Medical or Social Care for Chiropody/Podiatry services in Wales?

Report provided on behalf of Cynon Valley Forum Members by Sian Jones and David Davies.
August 2009.

Edwina Hart AM OStJ MBE

Y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Our ref: EH/06692/09
Your ref: PET-03-221

21 OCT 2009

Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Val Lloyd AM
Chair, Petitions Committee
National Assembly for Wales
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23 OCT 2009
G.D.J.

20 October 2009

Dear Val -

Thank you for your letter dated 12 October on behalf of the Petitions Committee about the provision of NHS chiropody treatment.

Provision of NHS chiropody and podiatry services is a matter for local determination by Local Health Boards (LHB). Basic nail care for individuals with no specific foot pathology is not normally provided by NHS chiropody and podiatry services. Their clinical resources are targeted toward patients with a medical need. Such needs will include people with diabetes, peripheral vascular disorders and other similar conditions. I have asked health service planners across Wales to make improvements to the delivery of therapy services including chiropody and podiatry.

I recognise that general foot care enables elderly people to keep mobile and independent. I also appreciate that for some older people managing their own general foot health is difficult. I have asked officials to work with the podiatry profession, voluntary sector and others to undertake a 'scoping exercise' to look at the delivery of services in these areas. This exercise will provide, a working definition of the term 'social foot care', and provide a population based profile of the level and nature of current provision, an indication of gaps in current provision, an identification of issues affecting current and potential future provision, and a range of potential solutions and associated costs (at this time there is no indication of the potential costs involved). The report of this work is nearing completion. My officials are working with the Welsh Therapists Advisory Committee in finalising this report.



Cwm Taf

Ymddiriedolaeth GIG / NHS Trust



NHS
GIG

Ms Val Lloyd
Chair
Petitions Committee
National Assembly for Wales
Cardiff Bay
CARDIFF
CF99 1NA

Letter from Head of Podiatry and Orthotics, Cwm Taf NHS Trust

Your ref/eich cyf:

Our ref/ ein cyf: DJ/AM

Date / dyddiad: 20/10/2009

Tel: 01685 373 032

Fax/ facs:

email/ ebost: denise.jenkins@wales.nhs.uk

Dept / adran: Podiatric & Orthotic Services

26 OCT 2009

Dear Chair

Mrs D Davies, the representative of Cynon 50-plus Older People's Forum, contacted me direct yesterday for information regarding the scoping exercise being undertaken in the Assembly. We discussed the possible benefits which could be achieved by meeting with them directly and it was decided that at this time it would be appropriate to wait for the guidance to be published. However, as there is no current timescale known I agreed to meet with them in February 2010 if developments had not occurred.

As requested, I will notify the Committee of the outcome of that meeting if it takes place.

Yours sincerely

Denise Jenkins

DENISE JENKINS

Head of Podiatry and Orthotics

Denise Jenkins
CIDZ

Return Address:

Upper Floor, Block 6, Prince Charles Hospital, Merthyr Tydfil CF47 9DT



DEPARTMENT OF THERAPIES

Val Lloyd
Chair of the Petitions Committee
National Assembly for Wales
Cardiff Bay
CARDIFF
CF99 1NA

A handwritten signature and the initials 'GDJ' are visible on the right side of the page, appearing to be a stamp or a mark on the document.

Dear Ms Lloyd,

Re: Petition: Improved NHS Chiropody Treatment

In your recent communication, dated 12th October 2009, you asked for my comments on the issues highlighted by the Cynon Valley 50 Plus Older People's Forum. The forum as you know is petitioning for 'Improved Chiropody Service (foot care) to be available on the NHS especially for Older People who are housebound in the RCT area'.

In my previous letter dated 18th August 2009, I noted that Cwm Taf Health Board appreciated that there was a genuine demand for social foot care in the health communities it serves and the detrimental implications this can have on overall Health and Wellbeing. I also noted that there was a scoping exercise being lead by Jan Smith, Therapy Advisor for Wales, underway. Age Concern Cymru (2008) clearly highlighted there had been a "clear decline in the provision of foot care services in Wales" and that there was "no provision for lower level foot care services".

Cont'd...

Return Address:

To comment directly on the report, there seems to be some misunderstanding on what maybe deemed social need and not a medical need. The criteria currently being applied in Cwm Taf, which is recognised across NHS Wales Podiatry services is "Social foot care is for people with no foot pathology including those with medical conditions who have been assessed as low risk of developing lower limb complications". With all RCT now being covered by Cwm Taf Health Board this is standard across the patch. In reference to the comment that some GP Surgeries offer Chiropody/Podiatry services, I am not aware of any who now directly employ private practitioners but believe that the report is actually referring to where NHS services are delivered from Health Board premises offering a range of Primary care and Community services.

Whilst I am aware of the variety of schemes being run across Wales, both as independent organisations and in partnership with their local NHS providers, as yet, Cwm Taf Health Board have not been in a position to explore this option. It is felt that it would not be feasible to undertake such activity at the moment. We will await the recommendations from Welsh Assembly Government on how Health Organisations should best move forward to meet this unmet demand.

I am aware that Denise Jenkins, Head of Podiatry and Orthotics has spoken directly with Mr D Davies and, at this time, neither feel it would be beneficial to meet and have deferred meeting until next year.

Yours sincerely,



GILL BOWTELL
Clinical Director of Therapies Services

Cc Lindsey Richardson, Head of Strategy, Integrated Division

Edwina Hart MBE OStJ AM

Y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Our ref: EH/07361/09
Your ref: P-03-221

Val Lloyd AM
National Assembly for Wales
Cardiff Bay
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CF99 1NA

Llywodraeth Cynulliad Cymru
Welsh Assembly Government

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14 December 2009

Dear Val

Thank you for your letter of 1 December on behalf of the Petitions Committee asking for an update on the scoping exercise of NHS Chiropody and Podiatry services in Wales.

As you know from my earlier response, I recognise the importance of good footcare for the elderly and that this project was instigated at my request. Following the appointment of a new therapy adviser we will now be able to complete this scoping project. On 27 November my officials met with Lance Reed of the Welsh Therapists Advisory Group to discuss an initial draft report on podiatry provision in Wales that was based on analysis of evidence from the field and discussions at a Stakeholder Task Group.

As a result of the recent meeting a project plan has been agreed to complete some further work that is needed to finalise the report. A meeting with the stakeholder group to discuss the final draft of the report is being planned for March, following which advice will be submitted to Ministers as a basis for wider consultation. This is an important exercise that I want to see concluded and reported on as soon as possible.



Edwina Hart MBE OStJ AM

Y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Our ref: EH/00369/10

Your ref: P-03-221

Christine Chapman AM
Chair
Petitions Committee
National Assembly for Wales
Cardiff Bay
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Llywodraeth Cynulliad Cymru
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9 February 2010

Thank you for your further letter dated 2 February on behalf of the Petitions Committee about NHS Chiropody Services.

As I explained in December, a meeting with the stakeholder group that includes Age Concern and Help the Aged in Wales to discuss the final draft of the report is being planned for March following which advice will be submitted to Ministers as a basis for wider consultation.

I have nothing further to report at this stage but will keep you apprised of progress.

NS (AM)

Letter from Minister for Health and Social Services #5

Edwina Hart MBE OStJ AM

Y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Our ref: EH/01150/10

Your ref:

Christine Chapman AM
Chair
Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff CF99 1NA



Llywodraeth Cynulliad Cymru
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19 April 2010

Dear Chr -

Thank you for your letter of 31 March 2010 in response to mine of 9 February 2010 regarding progress on the report on the scoping exercise of NHS Chiropody and Podiatry services in Wales.

The stakeholder group's final draft report is to be signed off by the Stake Holder Group shortly and will go out to consultation later this year.

I should remind you that the report is, of course, concerned with social foot care provision in Wales rather than that provided by the NHS, which targeted towards patients with a medical need such as diabetes and peripheral vascular disorders.

[Handwritten signature]

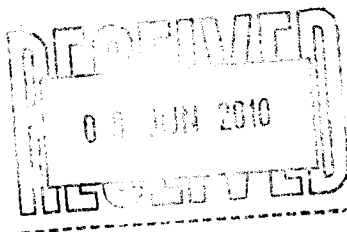
Edwina Hart MBE OStJ AM

Y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Our ref: EH/01689/10

Your ref: P-03-221

Christine Chapman AM
Chair
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Llywodraeth Cynulliad Cymru
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27 May 2010

Thank you for your letter of 18 May on behalf of the Petitions Committee about social footcare provision.

As outlined in my previous correspondence to the Committee, I have asked officials to work with the podiatry profession, voluntary sector and others to undertake a 'scoping exercise' to look at the delivery of services in these areas.

For the exercise, social footcare is defined as basic nail care for people with no specific foot pathology such as diabetes, peripheral vascular disorders and other similar conditions. The exercise will provide a population based profile of the level and nature of current provision and show where there are gaps in that provision. It will also identify what the issues are that affect current and potential future provision, and give a range of potential solutions and associated costs.

The draft report of the scoping exercise is currently being considered by the stakeholder group which includes representatives from Age Concern and Help the Aged.

I expect to receive the final report in the near future, and aim to hold a public consultation exercise on the report's findings in the summer.

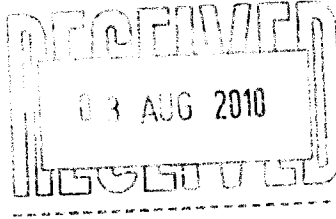
Edwina Hart MBE OStJ AM

Y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Our ref: EH/02331/10

Your ref: P-03-221

Christine Chapman AM
Chair
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National Assembly for Wales
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23 July 2010

PETITION: P-03-221 - Improved NHS Chiropody Treatment

Thank you for your letter of 12 July on behalf of the Petitions Committee requesting a copy of the draft report on the scoping exercise on provision of social footcare. You also ask that the petitioners, Cynon Valley 50 Plus Older People's Forum is included in the consultation exercise.

I am delighted to agree to both of your requests. On current projections I should be in a position to launch the consultation after Recess.



Christine Chapman AM
Chair, Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

13 August 2010

Dear Christine

Petition: P-030221 Improved NHS chiropody treatment

Thank you for your letter of 12th July to Robert Taylor and the opportunity for Age Cymru to contribute our views to the Petitions Committee on this important issue.

We recognise the concerns and issues highlighted in the petition. Sadly the lack of access to social foot care services is not exclusive to the Cynon Valley and is a problem experienced by older people in many parts of Wales.

Access to foot care was identified as a key campaign priority for Age Concern Cymru (now Age Cymru) in 2008 following extensive consultation with older people and Age Concern organisations across Wales. We subsequently conducted research to examine the current situation in Wales and produced the campaign report '*Little steps can make a big difference*' in October 2008.

The report found that the last ten years have seen an increased rationing of NHS chiropody services. Many parts of the NHS have reduced their expenditure on foot care services and have developed restrictive eligibility criteria so that only people with critical problems can access services. Nail cutting and other basic foot care has increasingly been withdrawn or restricted, with the result that there is now no NHS provision for these services in the majority of areas in Wales.

Our research found widespread agreement across the private, public and voluntary sectors that clear gaps in service provision existed in Wales. It also revealed a 'postcode lottery' in access to services, and in particular in levels of eligibility criteria and waiting times for treatment across Wales, which ranged between 4 and 24 weeks.

Quality foot care services are vital to help keep older people active and independent and to reduce the risk of falls, which are the single biggest cause of emergency hospitalisation of older people. A 2008 ICM opinion poll¹ for Age Concern Cymru showed that loss of mobility

¹ ICM interviewed a representative sample of 1,210 adults in Wales aged 18+ in February 2008

was the greatest concern people in Wales had in relation to getting older. 70% of respondents had a lot of concern over loss of mobility, rising to 76% of people over 65.

What is needed in Wales

Access to services should be based on need and not ability to pay. Social foot care services have not received sufficient investment in recent years to sustain provision, despite these services being relatively inexpensive to deliver. Older people on low incomes are disproportionately affected by lack of NHS provision as they cannot afford to pay for private treatment and are often forced to manage without services.

An ICM opinion poll carried out for Age Concern Cymru in 2009 showed that 20% of 55-64 year olds questioned answered that they have difficulty in looking after their feet by themselves, and the figure rises dramatically to as many as half (49%) of those aged 65 and over.²

We maintain our campaign call that all foot care, from basic nail cutting to chiropody, should be free at the point of use for all older people who need it. This is the fairest way to ensure equality and consistency of user experience across Wales as services will be available to all, not simply those that can afford private provision. Steps should be taken immediately to ensure that services are made more affordable and accessible.

We are also calling for a comprehensive foot care needs assessment to be conducted for the population in Wales and for foot care to be included in future health surveys. We believe that there is the potential for the National Assembly for Wales to explore the level of need for basic foot care in more detail, for example through a detailed Committee inquiry into current service provision and scope for improvement.

Since the campaign was launched progress has been made in developing alternative forms of provision for foot care in some areas of Wales. Several local Age Concern organisations are working with Local Health Boards to develop affordable and sustainable social foot care services. We also recognise that the Welsh Assembly Government is progressing work on this issue through pilot schemes involving private practice and the NHS, and has established a stakeholder group, on which Age Cymru is represented.

We welcome progress to date but urge the Welsh Assembly Government to continue this work as a priority, and to identify good practice models and provide national leadership to replicate successful models across Wales. We anticipate providing a response to the planned consultation exercise. The lack of access to basic foot care services is a vital issue for older people in Wales and improvements in preventative services such as these offer significant potential for reducing pressure on acute health and social services.

Yours sincerely

Amy Clifton

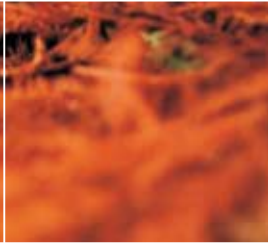
Policy Advisor

Enc: Copies of *Little steps can make a big difference* campaign report

² ICM interviewed a representative sample of 1,330 adults in Wales aged 18+ in February 2009

Little steps can make a big difference

Age Concern in Wales' campaign for effective foot care services for older people in Wales



Age Concern Cymru is the leading all-Wales charity working with and for older people. For more than 60 years we have been working to improve the lives of all older people in Wales. Age Concern in Wales is made up of Age Concern Cymru and 27 locally based independent Age Concern Organisations.

Our activities include advocacy, information, help at home, hospital discharge services, respite care, community support services, support for forums of older people, campaigning and research. Age Concern Organisations in Wales assist around 76,000 older people every year. Through the combination of an all-Wales presence, local community based organisations and our network of older people, Age Concern in Wales is well positioned to be in touch with the issues affecting older people.

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Registered Charity No. 505071



Good foot care is essential for the dignity, quality of life and well being of older people. Many older people struggle to care for their feet due to health problems, such as sight impairment and arthritis, or they simply find it impossible to reach their feet to cut their toenails.

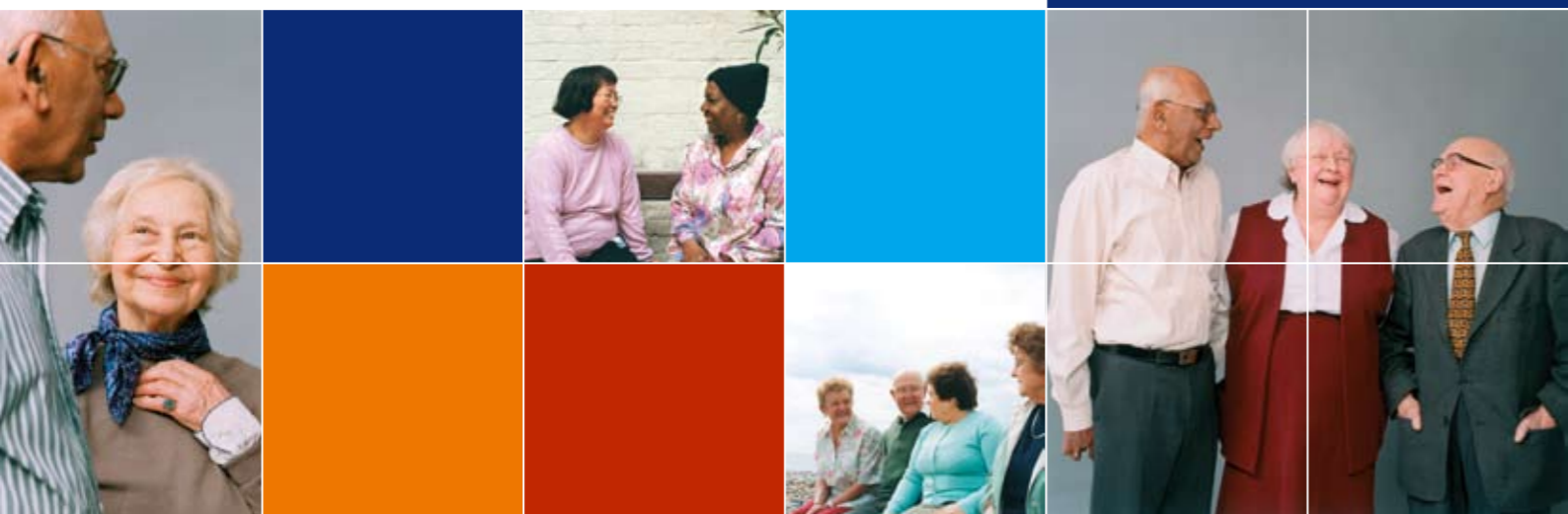
Increasingly nail cutting and other foot care services are being withdrawn or restricted by the NHS. Although nail cutting may sound trivial, lack of even the most basic foot care frequently leads to complications that can result in dangerous falls, severe restrictions on mobility and social isolation.

Older people are increasingly being forced to pay for private foot care. The alternative – which disproportionately affects the poorest and most vulnerable older people – is to take desperate measures or to lose independence and suffer deterioration of their physical and mental health.

A 2008 ICM opinion poll, commissioned by Age Concern Cymru, showed that the greatest concern for people in Wales in regard to getting older was loss of mobility: this scored more highly than concerns over general health, finances, age discrimination and loneliness:

70% of respondents – from all age groups – had a lot of concern over loss of mobility. This increased to 76% of respondents aged 65 or more.

(ICM interviewed a representative sample of 1,210 adults in Wales aged 18+)



Executive Summary

What is the problem?

- The last ten years have seen an increase in the rationing of NHS chiropody services.
- Many parts of the NHS have reduced their expenditure on foot care services and have developed restrictive eligibility criteria so that only people with critical problems can get access.
- There is a 'postcode lottery' in access to services; in particular in levels of eligibility criteria and waiting times for treatment across Wales.

Impact on older people

- Lack of funding and tight eligibility criteria for services result in older people who need foot care becoming housebound, isolated and susceptible to falls.
- Good foot care, in contrast, enables maintenance of mobility and independence, access to physical activity, contact with social networks and community participation.



What is needed in Wales?

- Accessible nail cutting services
- An end to the postcode lottery
- Revised service planning guidance criteria
- Better support for carers
- A needs assessment focus on foot care
- Improved public information on foot care
- Improved foot care for people with diabetes
- Health MOTs for older people to include feet
- The Welsh Assembly Government to provide funding for an initiative to improve access to foot care services in Wales and appoint a lead to take this forward

A step in the right direction in England

In May, Alan Johnson, Secretary of State for Health, promised a review of foot care services to ensure that toenail cutting in particular is made more accessible to older people. He announced that foot care services should be extended and improved, while older people should also be given more and better information on how they can receive care already available. He said that access to services such as toenail cutting must be made more equal across the country. He also announced a new expert group to help the NHS better provide services for falls, fractures and osteoporosis. This is a big step forward and we urge the Welsh Assembly Government to take similar action.

Recommendations

All foot care, from basic nail cutting to chiropody, should be free at the point of use for older people who need it. Steps should be taken immediately to ensure that more foot care is made available free at the point of delivery.

An accessible nail cutting service is needed

There is strong evidence that this can be effectively provided by trained volunteers, with a reasonable level of commissioning and volunteer support for the voluntary organisations from the health providers.

Volunteers should be trained to recognise when to refer on to chiropody services. There needs to be good communication and relationships between volunteers and local health providers to ensure older people receive a comprehensive service.

Staff in care homes and hospitals, and those providing care in people's own homes, should be able to provide basic foot care such as nail cutting and understand when to refer clients on for specialist treatment.

End the postcode lottery for waiting times

There are wide variations in waiting times for podiatry treatment depending on which area of Wales you live in. This needs to be addressed by health providers.

- Injuries from falls are by far the greatest cause of hospitalisation among older people.
- Falls are the leading cause of death from injury in older people over the age of 75.
- Falling is the primary cause of over 40% of admissions to a nursing home.
- Even minor falls can cause a loss of confidence in walking and reduced mobility, leading to loss of independence, social isolation and a reduction in quality of life.

(National Service Framework for Older People, 2001)

We do not believe the current waiting time target of 6 months for foot care is acceptable. Age Concern Cymru recommends that the waiting time targets are reduced, and at a minimum, brought in line with the NHS health targets in England of 18 weeks.

There needs to be consistency in eligibility criteria across Wales.

All new health bodies across Wales must identify foot care as a priority in preventative health care, and recognise the importance of lower level care in this.

Revise service planner guidance criteria

There must be clearer guidance on eligibility, with mechanisms put in place to identify the sensitive bracket of people who would soon be in the high need category if left untreated.

There should be continuity in criteria across Wales. It would then be possible to identify need and accountability, and compare performances across the country.

There should be good links established between foot care service providers and the falls teams across Wales.

Age Concern Powys and Powys LHB are working in partnership to propose a training programme for voluntary sector organisations to follow. They are drafting a service specification document, detailing how a volunteer foot care service should be run in order that the service is provided safely and is of a consistently high quality. The condition is that they agree to follow the service specification exactly, and in return they gain access to free training from the LHB.

Better support for carers

The NHS health bodies should provide a foot care checklist for carers and older people on what to look out for.

Paid carers need to recognise foot care (such as nail cutting) as part of their role and as a preventative measure which reduces social isolation.

Free foot care training for carers is a good incentive to make this work, and should be made available across Wales. This could be built into staff statutory training on a continuous, regular basis, as staff turnover is an issue.

Better needs assessment

A comprehensive foot care needs assessment for the population in Wales should be conducted. This should be incorporated into the regular health needs assessment.

Improve public information on foot care

Information on foot care services and foot health must be made more accessible to the public.

Leaflets and checklist posters should be provided and displayed in pharmacies, GP surgeries and care homes.

Health MOTs for older people

We believe annual foot health checks for older people would be very beneficial, and could be included in GP contracts for Wales.

Assembly's role

Improve foot care for people with diabetes

The increased risk of foot health problems associated with diabetes is well documented, and the incidence of diabetes is increasing significantly. Despite this, diabetes foot care is not receiving sufficient attention.

At present there is a lack of clarity around nail cutting services. Where nail cutting is no longer provided by chiropody services, for people with diabetes who do not need any other treatment, alternative nail cutting services should be made available.

Education on the importance of foot care (self-care and treatment) should be given at the time of diagnosis of diabetes, and then subsequently as needed.

It is essential that people with diabetes have their legs and feet examined by a healthcare



professional with the appropriate skills at least once a year. People who already have foot problems, or who are known to be at high

risk of ulceration and other problems, may need to be seen more frequently.

We are calling on the Welsh Assembly Government to:

- **Provide funding for an initiative to improve access to foot care services in Wales and appoint a lead to plan and take forward the initiative**
- **Improve public consultation on foot care services in Wales**
- **Include foot care in health needs assessments of the population**
- **Clarify the NHS foot care criteria to ensure that it is unified across Wales**
- **Improve the waiting times for foot care services to end the postcode lottery**

Age Concern Cymru believes the NHS re-structuring in Wales provides an excellent opportunity to make these changes and improve foot care services for older people in Wales.

These messages were informed by a roundtable discussion with representatives from Diabetes UK Cymru, the Chartered Society of Physiotherapy, NHS Trusts and Local Health Boards across Wales, an Age Concern foot care provider and a researcher. We were also in communication with the College of Occupational Therapists, Arthritis Care Wales, Age Concern Organisations and voluntary organisations providing foot care services, NHS podiatrists, and the Society of Chiropodists and Podiatrists.

We are grateful to these organisations for their support.

Age Concern Cymru is responsible for the content of this report.

Our findings

Foot care has been identified as a key campaign priority for Age Concern Cymru following extensive consultation. We therefore conducted research to examine the current foot care situation in Wales. Age Concern Cymru surveyed NHS Trusts, Local Health Boards (LHBs) and Age Concern Organisations across Wales on foot care provision in their area.

16 'health providers' (9 NHS Trusts and 7 LHBs) and 15 Age Concern Organisations responded to the survey.



The results of the survey include

Postcode lottery for waiting times

There was wide variation across Wales in the average waiting times for NHS foot care services. Answers from Local Health Boards, NHS Trusts, and Age Concern Organisations all ranged from under 4 weeks to under 24 weeks in different areas.

NB: Two NHS Trusts made the distinction that the average waiting times are 24 weeks for routine cases and under 2 weeks for urgent cases.

The large majority of respondents agreed that the official target waiting times for NHS foot care services was 24 weeks.

However, there was some confusion; one Local Health Board thought the official target was 22 weeks, and other NHS Trusts said 36 weeks, 35 weeks and 28 weeks.

Eligibility criteria

The majority of respondents said that eligibility for treatment depended on medical/clinical need.

- One NHS Trust made the distinction between urgent and routine conditions:

“Urgent – gangrenous, ulceration sepsis, infection, acute inflammation.

Routine – patients with significant medical history or foot pathology that may affect tissue viability, compromise normal function or cause pain.”

This is significant as we saw that the waiting times can be 24 weeks for ‘routine’ patients, therefore patients can be in considerable pain and impairment, while waiting 6 months for treatment.

- One NHS Trust also said that those in ‘lower level need’ may be offered an advice and education package only.

- Older age was also mentioned as one of the criteria by 2 Age Concerns and 1 Local Health Board.

Narrowing criteria to high need

When asked about general trends in the last five years, the large majority of all respondents said that there was a narrowing of criteria to focus on high need patients:

10 out of 16 health providers reported this downward trend:

“We are only able to treat those with high medical/podiatric need”
– An LHB

“Concentrating resources on at risk patients of all categories”
– One LHB and two NHS Trusts

“NHS services have had to focus their limited resources on those with the greatest podiatric need. Those who have a low or no podiatric need and require social care are no longer seen under the NHS”
– An NHS Trust

“Increase in complexity of need due to chronic conditions management – Ageing society therefore needs more not less services!”
– An LHB

Other general trends:

“Considerable growth in the Private sector”
– An NHS Trust

“Increase in the number of referrals for diabetic assessments from primary care”
– An LHB

12 out of 15 Age Concern Organisations also reported the narrowing of NHS criteria:

“Reduced provision – many taken off NHS list with tightening criteria”
– An Age Concern

“Not a priority area for NHS. Individuals are only able to access low level care via private sector”
– An Age Concern

“Having consulted my members; they prefer the private sector because waiting times take too long”
– An Age Concern

“We have had more referrals due to NHS not doing basic nail cutting without medical condition”
– An Age Concern

Lack of lower level foot care

When asked whether there is provision for lower level foot care such as nail cutting in their area, **only 3 Local Health Boards out of all 16 health providers said yes**; 2 said foot care assistants are attached to the service, and they provide this service as part of the “podiatry service model”.

Four LHBs said there is no provision for lower level foot care in their area, e.g.:

“No pedicures. Provision for nail and minor foot pathology”
– An LHB

All NHS Trusts said there is no provision to provide ‘social’ nail care, with many saying they can only do so where there is “underlying medical need”:

“Pedicures not provided. Nail pathology may be eligible for treatment. Toe nail clipping without underlying pathology not provided”
– An NHS Trust

Another NHS Trust said they can only provide low level care:

“... where patient has nail pathology or is unable to self care and has no carer who could be coached in toe nail cutting. Purely social nail care is unfunded and unsustainable”

3 NHS Trusts mentioned contributions from the voluntary sector:

“Jointly run nail cutting scheme with Age Concern” (NB: This is a private service)
– An NHS Trust

“Only where there is also a medical need. Age Concern volunteers provide toe nail cutting ... Carers and nurses are trained also”
– An NHS Trust

“... we do not provide ‘normal’ toenail cutting, however we have voluntary toenail cutting schemes”
– An NHS Trust

The large majority of Age Concerns (12 out of 15) also said there is no provision for free lower level care in their area on the NHS – Only 3 said there was provision for lower level care in their area.

Gap between level of need and service provided

9 out of 15 Age Concern Organisations said that there is a gap between the identified level of need and the level of service provided in their area:

- “Undoubtedly”
– An Age Concern
- “Yes – more chiropodists needed and more home visits need to be available”
– An Age Concern
- “From speaking to 50-60 elderly people every week the answer seems to be yes, as many of them do not qualify even for an assessment ...”
– An Age Concern
- “Older people have to pay as no NHS nail cutting for low level care”
– An Age Concern
- “Based on anecdotal evidence there is definitely a gap”
– An Age Concern

A significant number of health providers (9 out of 16) also agreed that there is a gap between need and service provision levels:

- “Yes, has been identified ...”
– An NHS Trust
- “Non pathological / social nail care is not provided”
– An LHB
- “Yes but mainly due to recruitment problems not funding. Very little investment in diabetic services”
– An NHS Trust
- “Yes, although waiting lists are managed well, the review of existing patients suffer because of this”
– An NHS Trust
- “Certainly! But because I don't know what the assessed need is I can't comment quantitatively”
– An LHB

The lack of assessment of level of need was also raised by several other health providers:

- “There is certainly a perceived need from a number of patients requiring simple nail cutting, however this has never been quantified”
– An NHS Trust
- “No needs assessment has been conducted; however I am not aware of any pressures. Social nail care is unfunded”
– An NHS Trust
- Two LHBs also answered that they didn't know whether there was a gap between levels of need and service provided, indicating a lack of assessment, or a lack of awareness among health providers of assessment outcomes.
- NB: One Age Concern also commented on the fact that the population is not surveyed to assess the level of need.

Lack of assessment by Local Authorities

When questioned as to whether they were aware of any assessments of local foot health needs that have been undertaken by a Local Authority to date, the majority of respondents said no:

The majority of health providers (5 NHS Trusts and 5 LHBs) said they did not know or were not aware of any assessments.

The majority of Age Concerns (11) also said they did not know or were not aware of any assessments by Local Authorities.

Age Concern Ceredigion is currently providing a nail cutting service with trained volunteers. At present the service is only available once a week in the South of the County at a Day Centre. This year 3 new volunteers have been trained by the Podiatry Department at Cardigan hospital providing a total of 5 trained volunteers delivering the service on a rota basis. There is a charge for this service to cover the costs of equipment. The scheme supports basic toe nail cutting for older people with mobility difficulties who find cutting their toe nails difficult. The service can improve clients' quality of life substantially.

- One Age Concern said no, although the LHB is aware of the current situation and the gaps in provision for particular groups – such as older people – and is working with the voluntary sector to address this. (However there is no funding available from this LHB).
- Only 2 Age Concerns answered yes (that they were aware of an assessment): one mentioned the 'sloppy slipper' campaign, the other said, “We've been fully involved over 5 yrs”

Confusion over patient consultation

The results show that there is a disparity between the public and the health providers' perceptions about patient consultation on changing services.

15 out of 16 health providers said patients are consulted when making decisions on changing foot care services, mentioning the Community Health Councils, service users panel and reference groups.

However the majority of Age Concerns (11 out of 15) said they were not aware of any consultations with patients.

One Age Concern said they were consulted, but said, “There was no choice as there is no funding in the NHS for full free service.”

Why do people seek access to foot care?



The top answers identified by LHBs and NHS Trusts related to high risk acute and medical conditions, such as muscular skeletal conditions, limb threatening conditions, foot pathology, arthritis, etc.

Other reasons identified included:

- **Pain** – 6 NHS Trusts and 1 LHB, e.g. “pain and discomfort affecting mobility”
- **Nail care** – 2 NHS Trusts, e.g. “nail pathology”, 2 LHBS said “nail cutting”

NB: Nail cutting is not provided in the majority of locations in Wales.

The top answers identified by Age Concern Organisations (9) related to low level conditions such as “hard skin”, “toe nails too long”, “corns, bunions, calluses, etc”

“Unable to cut own nails”
– An Age Concern

5 Age Concerns gave answers relating to “improving quality of life”, e.g.:

“Personal well-being, able to have a quality of life – overcome isolation, attend social events, etc”
– An Age Concern

“Maintenance of positive sense of well-being”
– An Age Concern

■ **Mobility** – 5 Age Concerns:

“Ability to have normal mobility – attend appointments, do shopping, etc”
– An Age Concern

“Maintenance of mobility”
– An Age Concern

What are the outcomes of failure to access foot care?

The top answer identified by the health providers (4 LHBS and 4 NHS Trusts) was reduced mobility:

“Reluctant mobility impairment”
– An LHB

“Reduce mobility and loss of independence”
– An LHB

“Social isolation with decreased mobility and higher dependency on others”
– An NHS Trust

■ **Social isolation** – 2 LHBS and 1 NHS Trust

■ **“Quality of life lowered”**
– 1 NHS Trust

A number of NHS Trusts referred to increased demand and costs to providers:

■ **Increase in care costs for NHS and social services**
– 3 NHS Trusts: e.g. “increased referral to orthopaedics”, and “increased demand in secondary care”

■ **Hospital admissions**
– 1 NHS Trust

■ **‘A requirement to access private services’**
– 1 NHS Trust

■ **“Re-direction onto social services for provision of social nail care”**
– 1 NHS Trust

Other answers:

■ **Deterioration of condition**
– 5 LHBS and 1 NHS Trust: identifying tissue neurosis and ulceration, and secondary infections

■ **Pain and discomfort** – 3 LHBS, 2 NHS Trusts, e.g. “Increased pain and poor self care”

■ **Falls** – 3 LHBS, e.g. “Slips, trips and falls”

It is important to note that all these outcomes can result from failure to access lower level foot care such as nail cutting, which is not provided by the NHS in the majority of areas in Wales.

‘Wellbeing Regeneration’ – an innovative Ageing Well project in Llanelli, is an excellent example of joint-working: the NHS Podiatry Department train staff to undertake toenail cutting, the Local Authority provides free venues and the centre receives referrals from lots of different avenues. Additionally, the clinic provides information about different services and activities available to older people and carers and will signpost people to specialist agencies dependent on their needs. People enjoy the friendly environment, the social aspect and the opportunity to learn more about what’s on offer elsewhere.

In agreement with the health providers, the top answer identified by Age Concern Organisations (8) was ‘reduced mobility’:

“Lack of mobility affects everything you do”
– An Age Concern

“Unable to get about, unable to walk in comfort”
– An Age Concern

“Loss of mobility and independence”
– An Age Concern

Other answers identified:

■ **Further complications**

– 6 Age Concerns, e.g. “infections” or “feet deterioration”

■ **Pain** – 5 Age Concerns

■ **Inability to wear shoes**

– 2 Age Concerns, e.g. “Problems in getting suitable shoes – staying in slippers – can lead to falls”

■ **Reduced well-being and independence**

– 6 Age Concerns, including “risk of depression”, and “isolation – which can lead to a lack of self-care”

■ **“Increasing demand on wider social care services as independence is lost”**

– 1 Age Concern

The importance of maintaining mobility through foot care services was clearly highlighted across the board.

Age Concern Swansea has launched a nail cutting service in partnership with the NHS Trust after receiving hundreds of requests from older people finding it difficult to cut their own nails. As there was no funding available, they provide a ‘not for profit’ nail cutting service to patients who meet the criteria, led by a professional podiatry assistant and 2 nail clipping assistants who visit clients’ homes. They are therefore accessing those who have transport issues.

What are the outcomes of regular access to foot care?

The top answer by health providers (6 NHS Trusts and 4 LHBs) was improved mobility, e.g.

“Increased mobility for older people”
– An NHS Trust

■ **Greater independence**
– 2 NHS Trusts and 2 LHBs

■ **Improved quality of life**
– 2 NHS Trusts

■ **Reduced social isolation**
– 1 LHB

■ **Reduced pain and discomfort**
– 5 NHS Trusts and 2 LHBs

“Reduction and maintenance of foot pain, increasing quality of life and independence”
– An NHS Trust

A significant number of NHS Trusts and LHBs identified improvement of condition, or prevention of deterioration as a main outcome:

■ **Reduced amputation rates**
– 3 NHS Trusts and 2 LHBs

■ **Reduced incidence of ulceration and improved healing rates**
– 3 NHS Trusts and 2 LHBs

■ **Preventative for diabetics**
– 2 LHBs

■ **Reduction in hospital admissions**
– 2 NHS Trusts and 2 LHBs

“Chronic disease management implications – reduce admissions and re-admissions to hospital”
– An NHS Trust

“Reduction in unnecessary admissions”
– An LHB



Improvement plans

■ Reduction of demand and costs to service providers

– 5 NHS Trusts and 1 LHB

“Reduce excessive demands on NHS resources”

– An NHS Trust

“Reduction in costs to the NHS”

– An NHS Trust

“Less demand on secondary care”

– An NHS Trust

The top answer given by Age Concern organisations (9) referred to “happier people” or a “better quality of life”:

“Happier, more ‘out-going’ people – less housebound”

– An Age Concern

“Increased sense of well-being – physical and emotional outlook”

– An Age Concern

■ ‘Retained independence’

– 3 Age Concerns

■ Preventing isolation and loneliness

– 3 Age Concerns, e.g. “social inclusion”

■ Mobility – 6 Age Concerns

■ Prevention of deterioration

– 6 Age Concerns, e.g. “reduced risk of infection”

■ Reduced risk of falls

– 1 Age Concern

■ Shoe comfort

– 1 Age Concern:

“Can get shoes that fit them and less complications when ‘home done’ chiropody goes wrong e.g. in growing toe nails and corns becoming infected”

Pilot slipper exchange schemes have been extremely successful. For example the ‘Sloppy Slipper’ Campaign was a slipper exchange programme, initiated by a team of podiatrists in a South Wales NHS Trust. The project was part of the ‘Keep Well This Winter’ (KWTW) initiative, as a result of partnership working between the NHS Trust, Age Concern and the Local Health Board. The scheme identified individuals who were at high risk of falling as a result of inappropriate footwear, and gave them a pair of new (appropriate) slippers along with falls prevention and health promotion advice and information. Slippers are an inexpensive health promotion tool and such schemes could be implemented more widely across Wales.

Health providers were asked whether there are any plans to improve foot care services in their area:

“We are looking towards employing podiatry assistants and training volunteers/carers”
– An LHB

“Long term plan is to reduce the number of outlet sites but increase the number of podiatrists at each site, broadening the range of skills available in the community. Sites to be located at natural transport ‘nodes’ in the area”
– An NHS Trust

Two NHS Trusts mentioned the importance of improving services for diabetics:

“Careful monitoring of demand and supply for those that meet the criteria, particularly as Diabetes is on a massive increase”

“Close co-operation with Local Health Boards to improve diabetic assessment services”

Age Concern organisations were asked what steps they thought needed to be taken to improve these services in their area:

The top answers related to increasing the availability of NHS services, information and communication:

“To provide community nail-cutting services with either trained volunteers or a qualified podiatrist, that is open to all people not eligible for NHS podiatry. The service must be safe, but there is no reason why this is not possible within a

volunteer-led, voluntary sector managed service. I believe the statutory services within each country should jointly fund such services”

“Modest investment, e.g. recruitment of foot care assistants. Cascading training to care workers”

“More facilities should be available on the NHS and at more regular intervals”

“Improved communication with GPs to reduce poor referrals”

Three Age Concern Organisations commented on this issue elsewhere in the surveys, e.g.

“No public knowledge of services”

“Lack of communication throughout health services”

Additional comments

NHS Trusts:

Several mentioned the value of volunteer services:

“Age Concern’s nail cutting service is working very well. The volunteers are excellent, could do with a similar service elsewhere, but understand restrictions”

“Volunteer services have potential to provide a service for social nail care to those currently un-resourced”

“I fully support the nail cutting scheme run by Age Concern and feel that all areas should offer a similar scheme as there is a definite demand”

LHB’s comments:

“Routine foot care services are a simple and inexpensive way of preventing problems and avoiding the necessity of more expensive hospital-based interventions and other possible morbidity”

“The podiatry service is no longer able to provide social nail care to low risk patients. However the department will support any organisations who wish to provide such care. Staff are available to provide ‘hands on’ training and advice”

“Effective foot care within the diabetic population has a significant importance to any health economy. 25% of all people with diabetes will develop significant foot or leg problems and people with diabetes are 15 times more likely to have a lower limb amputation when compared with the general population. The National Service Framework for diabetes clearly identifies the need for a robust approach to managing the foot care of people with diabetes”

Age Concern Organisations’ comments:

Two Age Concerns referred to the problem of a ‘postcode lottery’ for access to services:

“The service is greatly under funded and the population is not surveyed. Private chiropody varies £15-30 per visit, depending on where you live”

“More funding should be made available for voluntary organisations to provide the gap in the service in all areas. Not all people can afford private chiropody charges”

Three Age Concerns said that waiting times are too long, e.g.

“Most people who require foot care do go privately, as waiting times for NHS clinics can be very drawn out.”

Other comments:

“Foot care is important for general well-being and should continue to be part of local health care on an outreach basis”

“This is an important area of service for older people but one which is often overlooked as a ‘Cinderella service”

“We work in very close partnership with the NHS Trust to ensure there are a variety of services”

“People with no clinical need have nowhere to go”

Quotes from happy voluntary service users

“My feet are a lot more comfortable, my shoes fit much better so I can now go out more”

“I can walk so much better now I have my nails cut regularly”

“The service has made a fantastic difference to me. I’m not able to bend so my toenails used to dig into my shoes making it difficult to walk. My problems have been solved because of this clinic”

“The staff and their services make me feel safe and secure and that my nails are being looked after by a professional in a friendly manner”

Older people's experiences

(Reports from voluntary organisations across Wales)

Mr T, aged 85 years, lives alone and his family 'don't bother' with him. He doesn't like to ask neighbours or friends to cut his toenails. He hadn't had his nails cut for over 6 months until he joined the service as he couldn't afford to go to the private chiropodist very often. His feet were very uncomfortable and made him feel miserable. Mr T suffers with severe arthritis and has to use a walking stick. He is unable to bend and does not have enough strength in his hands to use clippers; also his eyesight is not particularly good. He has no telephone and hardly goes out as he has very little money so is relatively socially isolated. He really looks forward to visiting the foot care clinic as he enjoys having a chat and a laugh with the staff, volunteers and other clients.

Mr P, aged 73, used to enjoy walking but he experienced difficulty cutting his own nails and therefore didn't do them very often. Thus he hadn't gone out walking for several years as his feet were always painful. Since accessing the service, Mr P has taken up walking again and is thoroughly enjoying being outdoors again.

Mr J is 62; he came to an assessment session for 'routine toenail cutting'. He mentioned he had some numbness in his foot, which he put down to old age. On inspection, the podiatrist discovered a 'black' hole the size of a 10p coin in the sole of his foot – he was urgently sent for medical intervention. The NHS podiatrist advised staff that the service, in the 'nick of time', had saved this gentleman having to undergo an amputation.

Mr G is 69 and has recovered from breaking his back in 2 places. He is able to walk but cannot bend to cut his toenails. He's extremely grateful to be able access the service as he has a very low income and cannot afford to visit a private podiatrist.

An older gentleman recently turned up at an Age Concern senior health shop, having walked to the shop in his slippers, as his toenails had grown so long they had curled underneath his feet and he wasn't able to wear shoes. The man had been in considerable pain, discomfort and impairment for a significant period of time. He lived on his own and had no close family and so he went to the shop in the hope that they could help him. One volunteer knew of a travelling podiatrist who came to the shop and treated the gentleman's feet then and there. They subsequently received a letter and several

visits from the gentleman, who said they had made a huge difference to his quality of life as he was now able to fasten proper shoes and get out and about on walks, etc.

An older woman arrived at an Age Concern health shop with the toe-ends of her shoes cut around the base to give room for her thick, over-grown toenails whilst she was waiting for an appointment on the NHS. The lady lived alone and had no close family who could help. As the health shop described, this was "a fall waiting to happen". This Age Concern unfortunately does not have funding to provide a foot care service, but they found a local podiatrist who agreed to see her. She was extremely relieved to receive treatment, but the cost gave her a shock! The health shop said they really need a toenail cutting service in the area as there is huge unmet demand, and they see countless cases like this one.

Llandrindod Wells Leg Club – The Leg Club started in September 2006, and 12 months into the project they realised there was a desperate need for a Foot Care Project. Funding was sought and provided by Age Concern England. In this rural area, it became apparent that chiropodists are very few in number, but staff were fortunate enough to find a podiatrist from the Local Health Board who was interested in the Foot Care Project and offered to provide training. The average age of the members is 75 years, and many of the patients only require to have their toe nails cut every six weeks (which is a service not usually provided on the NHS). These older patients could not afford to pay £25 a session for a private service. Many of the patients' toe nails were so long they were turning under the toes and made walking difficult and extremely painful. Patients often attend the clinic wearing shoes up to 3 sizes too big for them due to the length of their toenails. The members of the Leg Club who receive foot care treatment greatly appreciate the service and the District Nurses and volunteers report that they can see the difference it has made to their whole demeanour.

Conclusion

Quality foot care services are vital to keep older people active and independent and to reduce the risk of falls – the single biggest cause of emergency hospitalisation for older people.

Our survey shows that there has been a clear downward trend in the provision of foot care services in Wales, with a narrowing of criteria to only critical need patients receiving treatment in most areas. It was revealed that there is wide variation in waiting times for treatment according to where you live; from under 4 weeks up to 24 weeks in different areas of Wales.

The importance of maintaining mobility was clearly recognised across the board in the survey as a key outcome of foot care services. However, in the majority of areas, there is no provision for lower level foot care services on the NHS, leaving many older people in Wales to become housebound and dependent. An evident gap in the level of identified need and the level of service provided was identified by the majority of health providers and Age Concern Organisations across Wales.

Age Concern Cymru is calling on the Welsh Assembly Government, the new health bodies and Local Authorities to improve the provision of foot care services for all older people in Wales.



Ministerial response

Edwina Hart MBE OStJ AM

Y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Our ref: EH/03939/10

Your ref:

Christine Chapman AM
Chair
Petitions Committee

petition@wales.gov.uk



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

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December 2010

Thank you for your letter of 22 November seeking an update on three petitions:

P-03-153 Body Piercing

I trust you have by now received my letter of 26 November on this issue.

P-03-219 Pharmacies in Barry

The Task and Finish Group has been established and is currently scheduling its second meeting to be held before Christmas, the first having been held on 20 October 2010. I initially asked the group to provide me with a report of its findings within six months of being established and I expect the Chair, Mel Evans, to provide me with a report at that time.

P-03-221 NHS Chiropody Services

The scoping exercise and the steering group established to oversee it has completed its work. However, in anticipation of the impact of the Comprehensive Spending Review we held off launching a consultation on the report recommendations until the full impact of the revised budgetary position could be considered. That work is now underway and we anticipate going out to consultation in the New Year. We will then plan to have an action plan ready for the Assembly Government to consider later in 2011.

Response from Minister for HSS

Edwina Hart MBE OStJ AM

Y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Our ref: SF/EH/0445/10

Your ref:

Christine Chapman AM

Chair

Petitions Committee

petition@wales.gov.uk



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14 February 2011

Dear Christine

NHS Chiropody Services

I wrote to you before Christmas about the report on Social Foot Care in Wales and a report on the outcome of a subsequent pilot project.

I have asked my officials to reconvene the original Consultation Group and together with Heads of Podiatry invite them to add anything to the reports before I send them to the LHBs. I intend to write to each of the LHBs in March and ask them to organize meetings between their senior officials and local interested groups to discuss both reports and send comments to Assembly Government officials by end April for consideration by the new government.

I will write to you again when I write to the LHBs.



Rhodri Wyn Jones
Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

3 March 2011

Re: P-03-221 Improved Chiropody Treatment

Dear Rhodri

Diabetes UK Cymru is sympathetic to the Cynon Valley 50 Plus Older People's Forum request for improved chiropody services to be available through the NHS. Our response to the committee is naturally framed by diabetes considerations.

Wales has the highest prevalence of diabetes in the UK and some deprived areas such as Cynon Valley record the highest levels anywhere in the country. There are 12,000 people living with diabetes in Rhondda Cynon Taff and older people make up the biggest proportion of cases.

Neuropathy is the term used for nerve damage caused by diabetes and sensory neuropathy is the most common type of neuropathy affecting people with diabetes. It mainly affects nerves in the feet and legs. The main danger of sensory neuropathy is loss of feeling in the feet. If minor injuries are not spotted early and dealt with effectively, it can lead to infections and ulcers.

People with diabetes are more likely to be admitted to hospital with a foot ulcer than with any other diabetic complication and the sad story for many older people with diabetes is that this can have serious repercussions. More than 1 in 10 people with diabetes admitted to hospital with a foot ulcer will be required to have an amputation of the foot or leg.

Clearly, early identification of problems can avoid these complications and Cynon Valley 50 Plus Older People's Forum's request via the petition is a practical suggestion which would have a beneficial impact over the medium to long term to lowering amputation rates and significantly improving the quality of life of those older people who may be vulnerable to feet problems in future.

It is right to acknowledge that the NHS in Wales is looking to make serious savings over the next five years through the Five Year Workforce, Financial and Service Framework. Suggestions for service improvement will have a cost attached. When a cost benefit analysis is applied to this situation, we ask the Department for Health and Social Services to be mindful of the costs that will be incurred with a lack of response in this area.

Let us be clear. Good foot care and support drastically reduces lower limb amputations. In many cases, an amputation is a failure to provide adequate care and support. 70% of people die within five years of having a lower limb amputation due to diabetes.

Lower limb amputations are expensive. Data from some health boards suggests that the cost to the NHS each year is around £20m (the cost for Rhondda Cynon Taff is likely to exceed £2m a year).

Kind regards

A handwritten signature in black ink, appearing to read 'Dai Williams', with a horizontal line underneath the name.

Dai Williams
Director
Diabetes UK Cymru



Response from Cwm Taf LHB

GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Cwm Taf
Health Board

Your ref/eich cyf:

Our ref/ein cyf:

Date/dyddiad:

Tel/ffôn:

Fax/ffacs:

Email/ebost:

Dept/adran:

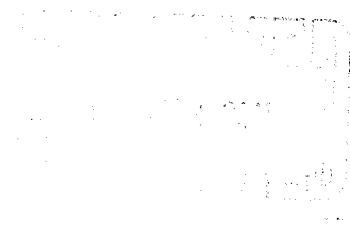
DJ/AM

14/03/2011

01685 721 721 Ext 8452

Podiatry & Orthotic Services

Mrs C Chapman
Chair - Petition Committee
National Assembly for Wales
Cardiff Bay
CARDIFF
CF99 1NA



Dear Mrs Chapman

P-03-221 IMPROVED NHS CHIROPODY SERVICES

Thank you for your correspondence dated 03/03/11.

As you are aware I have previously been in communication with the Cynon Valley 50 Plus Older People's Forum and kept them abreast of the position of the work on the provision of Social Foot Care in Wales.

Following recent involvement with WAG I am aware that the reports should be sent to the LHB in the coming months and that the LHB will be required to provide a response. I will be more than happy to ensure that the Cynon Valley Forum is invited to participate in this work and, as you suggest, Naomi Stock will be used as the contact person.

Regards.

Yours sincerely

Denise Jenkins

DENISE JENKINS

Head of Podiatry & Orthotic Services

Return Address:

Upper Floor, Block 6 Admin Building, Prince Charles Hospital, Merthyr Tydfil.

Chair / Cadeirydd: Dr C D V Jones, CBE

Chief Executive / Prif Weithredydd: Mrs M S Foster, OBE

Cwm Taf Health Board is the operational name of Cwm Taf Local Health Board / Bwrdd Iechyd Cwm Taf yw enw gweithredol Bwrdd Iechyd Lleol Cwm Taf

Response from the Minister for HSS

Edwina Hart MBE OStJ AM

Y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Our ref: EH/00826/11

Your ref:

Christine Chapman AM

Chair

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16 March 2011

Dear Christine,

NHS Chiropody Services

Thank you for your letter dated 3 March concerning the report on Social Foot Care in Wales.

The consultation working group and Heads of Podiatry have met and I can confirm it is still my intention to write out to the Local Health Boards this month.

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