

Lesley Griffiths AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref SF/GT/001612/12

William Powell AM
Chair
Petitions Committee
Cardiff Bay
Cardiff
CF99 1NA
petition@wales.gov.uk

28th February 2012

Dear Bill

NHS Chiropody Services

My predecessor wrote to the Committee in January last year about the report on Basic 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 to invite them to add anything to the published reports before consultation with the Local Health Boards. Following consultation with the Local Health Boards, I have written to the Chief Executives and I attach a copy of my letter to them.

*Regards
Lesley*

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Chief Executives
NHS Local Health Boards

February 2012

Dear Colleagues

Basic Foot Care

You will recall last year you were consulted on the way forward for the delivery of Basic Foot Care in Wales following a scoping study we had commissioned and a local pilot study. I am grateful for your comments on the recommendations and for your local consultation.

A significant amount of work has now been undertaken on this important subject and I am writing to advise there is a strong consensus about a need to provide a more consistent approach to the delivery of basic foot care provision.

The agreed option for delivery of basic foot care is the creation of models within each Local Health Board which meet the minimum standards as attached. It is anticipated these can be developed through local partnerships between NHS Podiatry services, the private sector and/or voluntary groups and there should be agreement with the partnership about what reasonable range of charges should be paid by individuals to cover the cost. You should discuss fair charging regimes with local providers which take account of the position of people on a low income and their ability to pay. It will be up to you as individual LHBs to decide which model to utilise to deliver this, however, the services will need to be fit for purpose and adhere to the recommendations.

I am copying this letter to Directors of Social Services.

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Minister for Health and Social Services

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Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)

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Table 1

BASIC FOOTCARE MINIMUM STANDARDS

<p>Standard 1 The definition adopted in Wales to describe basic foot care is: Foot care for people with no foot pathology, including those who have a medical condition but have been assessed as at low risk of developing lower limb complications.</p> <p>Toenail cutting</p> <ul style="list-style-type: none"> • Cutting and filing toenails safely, and keeping them at a length which feels comfortable <p>Skincare</p> <ul style="list-style-type: none"> • Smoothing and moisturising dry and rough skin • Checking for cracks and breaks in the skin and signs of inflammation • Looking for signs of infection or other obvious early problems and referring for further professional advice.
<p>Standard 2 Relevant existing assessment and screening programmes should identify the level of need for basic foot care</p>
<p>Standard 3 All service providers are required to ensure that instrumentation is of single patient use and disposable, OR decontaminated via recognised pressured steam sterilisation in order to meet minimum standards of infection control.</p>
<p>Standard 4 An audit of currently available training packages and awards should be undertaken by NHS Podiatry Managers.</p>
<p>Standard 5 A training package is developed by the All Wales NHS Podiatry Managers Group that meets the minimum requirements for the provision of safe basic foot care.</p>
<p>Standard 6 All basic foot care service providers must have received a minimum of 3 hours of appropriate recognised education relating to providing basic foot care in a safe and effective manner.</p>
<p>Standard 7 All service providers in partnership with local NHS Podiatry services develop and agree robust pathways for clients who need access to more specialist intervention.</p>
<p>Standard 8 Basic foot care initiatives are modelled to complement NHS Podiatry provision to 'at risk' patients and not compromise existing NHS provision.</p>
<p>Standard 9 All personnel providing foot care services should be CRB checked. (This is a cost to employers, but volunteers can be checked free of charge)</p>
<p>Standard 10 LHBs should discuss fair charging regimes with local providers which take account of the position of people on low income and their ability to pay.</p>