

Podiatry services

Definition

Podiatry refers to the provision of foot care for the treatment of foot disease or deformation.

Policy

It is the responsibility of referring and treating clinicians to ensure compliance with this policy. For patients who do not meet the criteria below, clinicians need to apply to the exceptional cases panel for approval of funding - funding request form available [here](#).

Patients can be referred for podiatry where:
Patient has a high ^I podiatric need.
OR
Patient has a moderate ^{II} podiatric need.
AND
Patient has a medical condition that increases their risk ^{III} .
Patients should not be referred for routine NHS funded podiatry:
For minor treatments (such as nail cutting) where risk is low ^{IV} regardless of underlying medical condition.

- I. Ulcerations, infection, complex musculoskeletal problems causing foot deformity.
Note: Patients with cellulitis and acute charcot foot should be referred directly to secondary care.
- II. Symptomatic (painful): corns, callus, nail pathology or non-complex musculoskeletal problems.
- III. Peripheral neuropathy, peripheral vascular disease, diabetes, previous digit or limb loss, scleroderma, rheumatoid arthritis, neurological disorders, previous stroke, end stage renal failure, or patients on chemo/radio therapy or immunosuppressants.
- IV Normal sensation, palpable pulses and no deformity.

The Podiatry Service provides biomechanical assessment^V, nail surgery^{VI} and foot surgery^{VII} for the following muscular skeletal problems and nail pathology:

- V. Flat foot, Toe deformities, Morton's neuroma, Post tibial tendon dysfunction, Achilles tendonopathy, ankle/knee pain.
- VI. Ingrown toe nails.
- VII. Toe deformities.

Smoking

Patients who smoke should be advised to attempt to stop smoking and referred to smoking cessation services – see [smoking cessation policy](#).^{1, 2}

Diabetes

Patients with diabetes should have blood glucose levels controlled prior to any surgery

Evidence and rationale

NICE recommend podiatry for people with type 2 diabetes who have neuropathy, absent pulses or another risk factor (NICE 2014). For patients who also have deformity or skin changes or previous ulcer, they recommend more intensive follow up. For low risk people (normal sensation, palpable pulses) with type 2 diabetes, NICE recommend advice for self-care³.

Numbers of people affected

In a sample of older people (pensioners), 53% were found to have 3 or more foot problems (Harvey 1997)⁴. Assuming the number of older people in Cambridgeshire and Peterborough (C&P) (and not including younger people who may have foot problems), it may be estimated that, in C&P, around 46,000 people will have the need for foot care.

References

1. C Furlong. Preoperative Smoking Cessation: A Model to Estimate Potential Short Term Health Gain and Reductions in Length of Stay. A report by London Health Observatory. September 2005.
2. S Hajioff, M Bhatti. Pre-operative smoking cessation therapy in NCL. A case of short-term gain for long-term gain?
3. National Institute for Health and Care Excellence Clinical Guidance 10: Type 2 diabetes foot problems (2014).
4. Harvey I, Frankel S, Marks R, Shalom D, Morgan M. Foot morbidity and exposure to chiropody: population based study. BMJ 1997;315:1054.

Glossary

Acute charcot foot:	Disruption of the bones in the foot, sometimes due to repeated small traumas or an injury, and often associated with damage to sensory nerves.
Anticoagulants:	Drugs used to treat and prevent blood clots.
Biomechanical Assessment	Static and dynamic examination and assessment of joint complexes and their interrelationships, under both weight-bearing and non-weight-bearing conditions.
Cellulitis:	Bacterial infection of the skin.
Chemotherapy:	Treatment for cancer that uses chemicals to kill cancer cells.
Immunosuppressives:	Drugs that inhibit or prevent activity of the immune system.
Ingrown toe nail:	Painful condition where the toenail grows into the skin at the side of the toe.
Ischemic limb conditions:	Lack of blood flow to the limb.
Morton's neuroma:	Development of fibrous tissue around a nerve which becomes irritated and compressed.
Neurological disorders:	Disorder of the body's nervous system.
Peripheral neuropathy:	Damage or disease affecting the nerves.
Peripheral vascular disease:	Build up of fatty deposits in the arteries (other than those of the heart or the brain) that may cause leg pain, ulcers or poor nail growth.
Radio therapy	Treatment for cancer that uses high-energy radiation to kill cancer cells.
Renal failure:	Failure of the kidneys to properly filter waste from the blood.
Rheumatoid arthritis:	Inflammation of the joints due to an abnormal immune system response in the body.
Scleroderma:	Hardening of the skin due to genetic or environmental causes.
Stroke:	Blood supply to part of the brain is cut off, sometimes causing damage to the brain or death.

Policy effective from/ developed:	Policy ratified by CCG GB on 15 September 2015 Policy approved by SCPG on 29 July 2015 Policy approved by CPF on 3 July 2015 Review and reclassification of policy from Chiropody Services Lower Clinical Priority Policy to Podiatry Services Clinical Threshold Policy Effective from September 2015
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Reference:	R:\CPF Pols & working Area\Clinical Threshold Pols\CCG Policies\Agreed\Podiatry\PODIATRY MAY 2016 V2 smkg & consnt edit