



What people have told us about foot care in Oxfordshire

September 2023

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Executive summary

In May 2023, Healthwatch Oxfordshire conducted a brief survey to find out more about local people's experiences of accessing treatment for their foot care needs. This was in response to our hearing 'out and about' from people that some were struggling to find the foot care they needed. This report summarises the results of 75 completed questionnaires.

Whilst our findings do not necessarily represent the views of people from all backgrounds and communities, they do give an insight into some of the issues faced, particularly among the elderly. Most participants were White British and aged over 65 years.

They reported a variety of foot care conditions including toenail problems, bunions and hammertoes, as well as underlying health conditions such as Diabetes and Arthritis. Treatment was usually provided by NHS services (38%) and the private sector (45%). Only 1 person had treatment from a voluntary organisation. Notably, 12 people (16%) said they did not receive any professional foot care.

Overall, most eligible people appeared to receive treatment from an NHS podiatry service. However, some seemed unsure about access – 13 people (18%) had not asked their health care provider about referral to an NHS foot care service and 13 people (18%) said they did not know that they could ask. This suggests that people might have an awareness of eligibility for NHS treatment or that they are unfamiliar with foot care pathways.

Sixty-four people who received a service told us how satisfied they were with it. Thirty-four people (53%) said they were happy with the service they received and 30 (47%) were not. Of 27 people who used an NHS service, 10 (37%) said they were satisfied and 24 (63%) were not. Of 33 people who used a private service, 24 (73%) said they were satisfied and 9 (27%) were not. However, most people were positive about the quality of their NHS podiatry care and staff, recognising the current demand for services and staff shortages.

Challenges people faced in getting foot care included being unable to get an NHS appointment, irregular or long waits between them, and poor follow-up. This may be due to staffing and system pressures and it was evident that the COVID-19 pandemic has had an impact on access. Other challenges noted included not knowing where to look for a foot care service, having NHS treatment withdrawn, changes to eligibility, and private appointments being too expensive for some to afford, leaving them with challenges in caring for their feet.

The availability, cost and quality of foot care services impacts people's access to treatment and quality of life. People who cannot access appropriate, affordable foot care often experience worsening of foot problems or health condition, persistent or increased pain, and reduced independence, mobility and walking. Ability to prevent worsening foot problems as they arise, can have an impact on NHS and social care resources in the long term – through impact of reduced mobility and other related health issues. With an increasingly aging population, access to foot care is a pressing issue, with real impact on ability to maintain independence. It is important that people with a range of foot care needs can have access to a well-resourced and comprehensive podiatry service, and that pathways are clearly communicated.

In summary:

- ✓ People generally gave positive feedback about the quality of NHS podiatry care and staff.
- ✓ NHS treatment thresholds have become higher and can be confusing for some patients.
- ✓ Referral pathways between NHS and private clinics could be clearer, in particular for high-risk patients.
- ✓ Appointments are difficult to get and the time between appointments is irregular, increasing and often too long.
- ✓ Private providers are highly rated but too expensive for some people, with the potential of widening health inequalities.

These factors are having a negative effect on people's access to treatment and quality of life. People who lack access to appropriate, affordable foot care often experience worsening of foot problems or health condition, persistent or increased pain, and reduced independence, mobility and walking.

This report will be used to give insight and information about patient experience to both commissioners and providers of podiatry services in Oxfordshire. It will be shared with:

- ✓ Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) as commissioners of podiatry in Oxfordshire, and of relevance to emerging Primary Care Strategy.
- ✓ Oxford Health NHS Foundation Trust.
- ✓ Oxford University Hospitals NHS Foundation Trust.
- ✓ Oxfordshire Health and Wellbeing Board and Health Improvement Board.

1 Background

Podiatry (sometimes known as chiropody) is a branch of healthcare concerned with the diagnosis and treatment of foot health problems. There are multiple reasons why people need a podiatry service, including conditions such as diabetes, fungal infection, foot ulcers, heel pain, bunions and hammer toe, fractures and sprains, arthritis, ingrown toenails, and Morton's neuroma.¹ If left untreated, these conditions can impact a person's health, mobility, independence, quality of life, and increase social isolation, pain, discomfort, and risk of falls.

Although people across different age groups access podiatry services, the majority are older as the risk of foot conditions increases with age. Apart from impact of age-related health conditions on feet, some older people struggle to cut their own toenails, which is a major reason for accessing podiatry and foot care services. As the population ages, the number of people requiring foot care will further increase. Others with mobility difficulties or disabilities might also find personal foot care difficult.

Podiatry services in Oxfordshire are available across the county in both private and NHS clinics, including at community clinics, hospitals, several private clinics, voluntary sector care (e.g. Age UK Oxfordshire) and toe nail clinics. Providers of NHS podiatry and foot care include:

- Oxford Health NHS Foundation Trust provide podiatry services across Oxfordshire in community based clinics, and can also provide domiciliary home visits.
- Oxford University Hospitals NHS Foundation Trust – with both inpatient and outpatient clinics, and diabetic foot clinics (at John Radcliffe and Churchill).
- Connect Health (providing musculoskeletal and biomechanical foot care). All services are commissioned by the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB).

NHS podiatry in Oxfordshire is staffed by registered practitioners working for Oxford Health NHS Foundation Trust. The Trust offer free NHS treatment to people who are eligible, with reference to National Institute of Clinical Excellence guidelines (NICE19) to define level and risk. Eligibility is on the basis that they have one or more of the following conditions:

¹ Morton's neuroma is a thickening of tissue around a nerve in the foot that has been irritated or damaged (see <https://www.nhs.uk/conditions/mortons-neuroma/>).

1. Diabetes and/or other circulatory or neurological conditions that can affect foot health.
2. Acute foot ulceration.
3. Ingrown toenails that will need medical treatment to resolve the problem.

(see <https://www.oxfordhealth.nhs.uk/podiatry/treatment/eligibility/>)

People who do not fall into these three eligibility categories (including people who had diabetes but *no* circulatory problems) are not eligible for NHS treatment at Oxford Health and are advised to consult their family doctor. Referral by a health or social care professional is the main route to NHS clinic care, although those with diabetes can self-refer.

Registered podiatrists are licenced and regulated by the Health and Care Professions Council (HCPC) and play an important role in providing foot care services in addition to signposting and working across healthcare teams for patients with diabetes, arthritis or those who suffer from falls. Podiatrists working within the NHS also act as an additional point of contact within the healthcare system.

Oxfordshire - similar to the national picture - faces a shortage of podiatrists, impacting on services. Oxford Health has been working hard to address this through a range of initiatives including apprenticeships, graduate training and other recruitment schemes as well as developing roles for podiatry assistants to carry out more routine care, all of which hope to increase capacity, manage waiting lists and reduce delay.

There is also a wide range of private registered podiatry providers. Other foot care support, not provided by podiatrists, is also available. Age UK Oxfordshire, for example, offers a toenail cutting service for a small cost, and holds weekly clinics at community venues across the county. Other non-registered foot care practitioners but who have completed basic foot care training, include nail bars, and peripatetic carers.

2 Methods

In May 2023, Healthwatch Oxfordshire ran a brief online survey inviting people across the county to share their experiences of foot care problems and accessing a podiatry service for treatment. The survey included both closed and open questions to collect quantifiable data as well as to capture people's own words about their experiences. We also asked for some demographic information about each person to know the extent to which the survey reached different

communities and groups and to compare results according to people's characteristics. Survey links and paper posters were distributed via health, care and voluntary sector networks, to patient groups and via our news bulletin. Paper surveys were also available. Age UK Oxfordshire also promoted this directly among their service users.

3 Results

3.1 Who did we hear from?

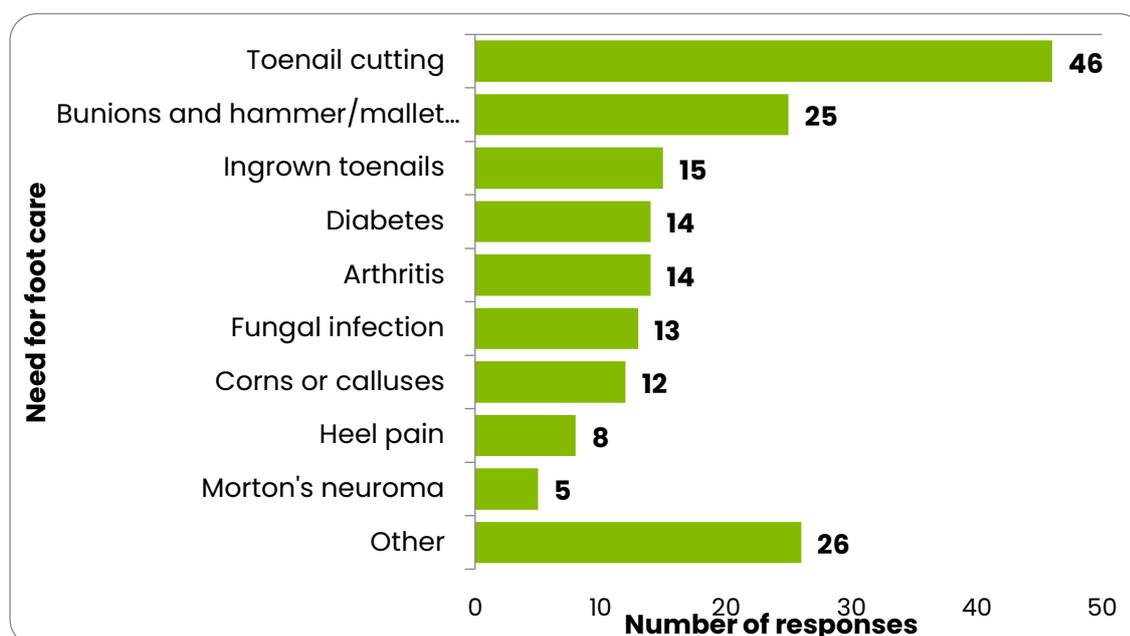
A total of 75 people took part in the survey. Seventy-one told us their age and gender: thirty-nine people (55%) were aged between 65 and 79 years, 17 (23%) were 64 or younger, and 15 (21%) were aged 80 or over. Fifty-two people (73%) identified as women and 19 (27%) as men. Most people (88%) identified as White British while only a small number of people were from Black, Asian, or other White groups. Thirty percent lived in Cherwell district, 29% in Oxford City, 18% in Vale of White Horse, 12% in South Oxfordshire, and 11% in West Oxfordshire.

3.2 What did we hear?

3.2.1 Reasons for needing foot care

The range of foot care needs reported in the survey are summarised in Figure 1.

Figure 1. What do you need foot care for? (75 responses)



Note: Survey participants could select more than one foot care condition.

As the figure shows, help with toenail cutting was the commonest need for foot care, with 46 people (61%) requiring this service. Some people described having mobility difficulties that made it difficult to reach or treat their feet. Twenty-five people (31%) needed treatment for bunions or hammer/mallet toes, and 15 (20%) for ingrown toenails. Diabetes, Arthritis, fungal infection, and corns and calluses were also quite common reasons for needing foot care. Other reasons included heel pain and Morton’s neuroma (7%). ‘Other’ problems included foot ulcers, warts and verrucas, foot lymphoedema, and other types of foot or lower limb pain. Most people had more than one condition that required them to need a podiatry service.

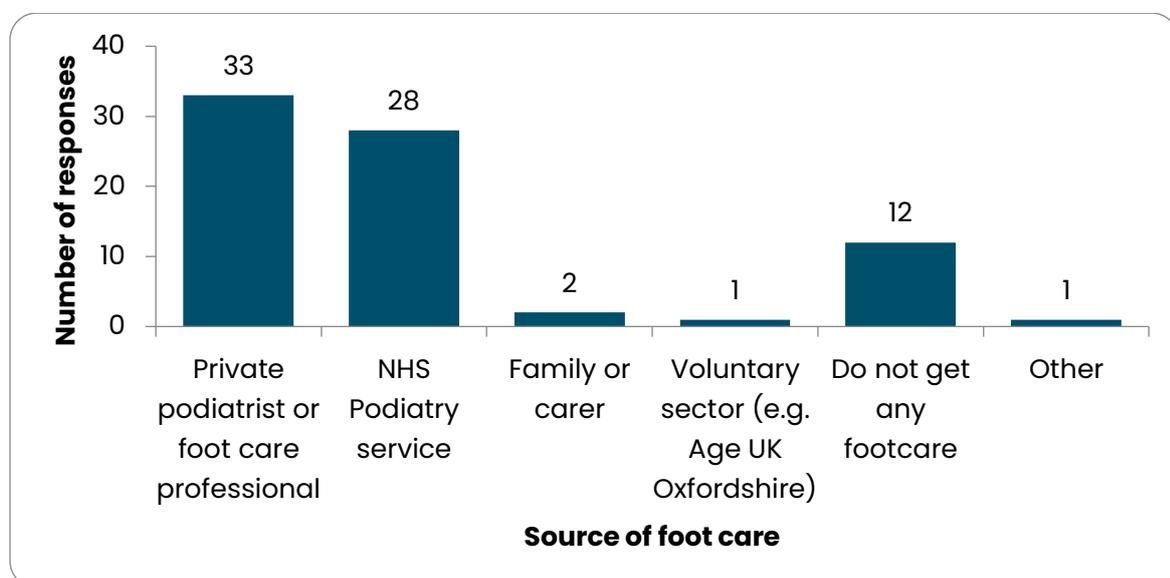
3.2.2 Finding out where to get treatment

As outlined in the Background section above, GPs and other health care professionals can refer eligible patients for foot care treatment on the NHS. In our survey, 36 people (49%) said they had asked their health care professional about accessing NHS care, while 13 (18%) had not. A further 13 people (18%) said they did not know they could ask about referral to an NHS provider – most of them needed help with toenail cutting (n=9), bunions or hammer toe (n=5), Arthritis (n=3), or ingrown toe nails (n=3). Some people also said they had been referred to NHS podiatry care in previous years or were now no longer eligible for NHS treatment.

3.2.3 Sources of foot care

Figure 2 summarises which service 74 people told us they accessed for foot care – as well as those who told us that they did not receive any foot care for their condition.

Figure 2. Where do you get your foot care? (74 responses)



Note: Survey participants could choose more than one source of foot care.

As the figure shows, 33 people (45%) paid a private foot care provider and 28 (38%) received NHS treatment. Only 1 person had treatment from a voluntary organisation, commenting that they had not had a response from their GP and could not afford private care. Notably, 12 people (16%) said they did not receive any professional foot care – Table 1 below lists their conditions and foot care needs.

Note: It is difficult to distinguish which service providers people used when they had more than one foot problem or condition. For example, one person who needed foot care for toenail cutting, bunions or hammertoes, ingrown toenails and Arthritis said they received treatment from the NHS podiatry service. However, it is not clear whether they received treatment for all of these conditions or only eligible ones under the NHS. However, it was possible to observe that most people (although not all) with important underlying or medical conditions (e.g. diabetes, foot ulcers, Lymphoedema) were receiving NHS podiatry care. For information purposes, a list of all conditions reported in the survey and used can be found in Table 5 in the appendix.

Table 1. Conditions requiring foot care where people are not receiving treatment

Reasons for seeking foot care	Number of responses
Toenail cutting	9
Fungal infection	5
Bunions/hammertoes	3
Ingrown toenails	2
Heel pain	2
Diabetes	2
Other (foot pain, verruca, callouses)	3

Note: Survey participants could select more than one foot care condition.

Four of the people in Table 1 said they did not know where to get foot care or could not find a provider that met their needs. Another person said their GP referred them to the podiatry service but were rejected because of a 'lack of capacity'. One person said they used to receive NHS podiatry care but had been discharged and were now 'trying to cut their own toenails'.

Some of these people told us they found self-care difficult because of their age, disability, or mobility problems. One person commented that, although they had a health condition and reduced mobility that prevented them from cutting their

toenails, they were ineligible for NHS podiatry care because they were not diagnosed with diabetes.

The survey asked people to tell us how they found out about the service they were using. Most of those who received foot care from an NHS podiatry service had been referred by their health care professional, while those using a private provider or voluntary service had searched themselves or asked friends or family. Nobody reported finding out about podiatry services via the NHS website.

3.2.4 Frequency of appointments

Survey participants who considered themselves as receiving a foot care service told us how often they were given an appointment (see Table 2 below).

Table 2. Frequency of foot care treatment (61 responses)

Source of foot care	Frequency of foot care service					Row Totals
	Every 0-6 months	Every 6-12 months	Every 12 months or more	Varies/irregular	Waiting for/ can't get appointment	
NHS Podiatry service	15	2	2	2	5	26
Private podiatrist or professional	25	3	2	3	0	33
Voluntary sector foot care e.g. Age UK	1	0	0	0	0	1
Family or carer	1	0	0	0	0	1
Column Totals	42	5	4	5	5	61

The table shows that people who were receiving foot care at an NHS podiatry service tended to wait longer for an appointment than with other providers. Five people said they were either still waiting to hear from the service about an appointment or were unable to get a date. This finding is echoed in people's comments on their experiences of foot care, described in section 3.2.5 below.

Several people also experienced irregular or infrequent treatment, or no longer seemed to be offered appointments:

*"I would like to attend every 6 - 8 weeks, but it is usually 12 and sometimes 15 weeks, which is too long."
(Woman, 65-79, West Oxfordshire)*

“Used to be every 3 weeks or so due to ulcer(s) not healing – now much longer.”

(Man, 80 or over, South Oxfordshire)

“No longer getting it. Last scheduled appointment was 3+ years ago. I've had two emergency appointments since when my toes became infected. I no longer get the promised regular, routine, appointments.”

(Man, 65–79, Oxford City)

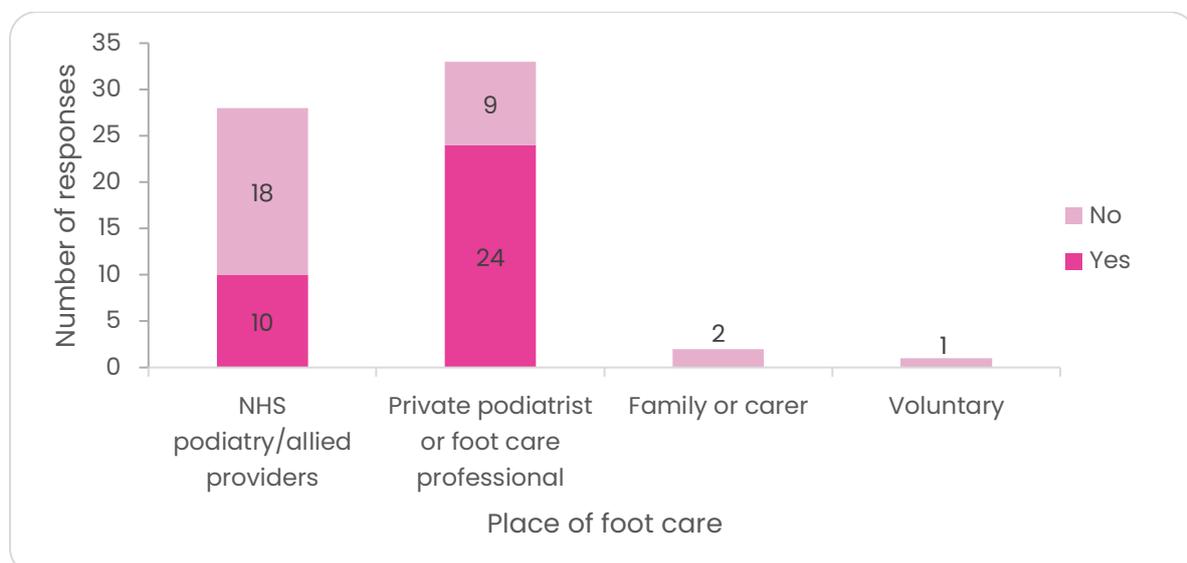
These, and other examples given below, suggest that the disruption caused by the COVID-19 pandemic, along with capacity and staffing issues in the NHS seems to have had a lasting effect on access to NHS podiatry services, especially for non-urgent cases.

“All podiatry patients who are local to the clinic on Manzil Way, are being forced to travel further for treatment to Raglan House or elsewhere. I was forced to drive to Raglan (from Cowley). The journey took one hour in the car and I missed my appointment. That was a waste of clinical time and costs money to travel there.”

3.2.5 People’s experiences of services

Survey participants were asked whether they were satisfied with their podiatry care. NHS providers included surgeries and health centres, hospital podiatry services, and independent providers who provide NHS-commissioned services (e.g. Connect Health). Sixty-four people who received a service commented on level of satisfaction. Thirty-four people (53%) said they were happy with the service they received and 30 (47%) were not. Figure 3 below breaks down how satisfied people were with the different types of foot care service they received.

Figure 3. Satisfaction with foot care services (64 responses)



The figure suggests that people were more often satisfied with private foot care services than NHS podiatry services. Private providers included podiatry clinics, individual practitioners, and nail bars. Of 27 people who used an NHS service, 10 (37%) said they were satisfied and 17 (63%) were not. Of 33 people who used a private service, 24 (73%) said they were satisfied and 9 (27%) were not. However, most people were positive about the quality of their NHS podiatry care and staff, recognising the current high demand for services and staff shortages. Examples of feedback included:

*"The care the podiatrist gives is excellent."
(Woman, 65-79, West Oxfordshire)*

*"The podiatrists are efficient and friendly."
(Woman, 65-79, Vale of White Horse)*

*"Very professional and hardworking staff. Chronic shortage of staff means only serious conditions can access the service."
(Woman, 65-79, Cherwell)*

The main reason people were dissatisfied with NHS podiatry was the difficulty in getting an appointment and long waiting times between them:

*"The podiatrists are generally good, but the appointments are sparse."
(Woman, 65-79, South Oxfordshire)*

*"I am grateful for the service but it is not frequent enough. I sometimes have to wait over 6 months between appointments."
(Woman, 65-79, West Oxfordshire)*

*"The 6-weekly appointment regime worked well but I haven't seen a podiatrist now since February! I believe the problem is lack of staff, at least this is what I am told. I can understand the necessity for people with diabetes to take priority, but I think 5 months waiting for an appointment is too long."
(Woman, 65-79, Oxford City)*

Several people also reported experiencing delays in receiving foot care which they attributed to NHS services being tendered out to other providers:

*"Since the pandemic ended the NHS service has been taken over by private contractors on behalf of the NHS and it's been impossible to get an appointment. I haven't had NHS foot care for over 3 years now."
(Man, 65-79, Oxford City)*

Need for patient communication about changes was highlighted:

"Repeated tendering out of the service has meant repeated changes of provider. Also lack of follow up means I need to pursue reviews."

(Woman, 65-79, West Oxfordshire)

Most people also considered private foot care services to be good quality and more accessible, albeit at a cost:

"The podiatrist is very efficient and experienced. Her practice room is conveniently located."

(Man, 65-79, Oxford City)

"Extremely professional, from routine foot care to sudden emergencies. I'm in fortunate position of being able to pay privately."

(Woman, 65-79, Oxford City)

"Quite expensive, but she is a trained and well-informed nurse. I didn't know I had a sore on my toe, but she dressed it and then checked again the following week that it was on the mend."

(Woman, 65-79, Vale of White horse)

Those who were dissatisfied with their private foot care commented on the lack of personalised treatment and the relatively high costs of private foot care services:

"The service is very impersonal and doesn't take into account my medical condition."

(Woman, 50-64, Cherwell)

"Very caring but think I need more attention than I can afford and maybe specialist help."

(Woman, 65-79, Oxford City)

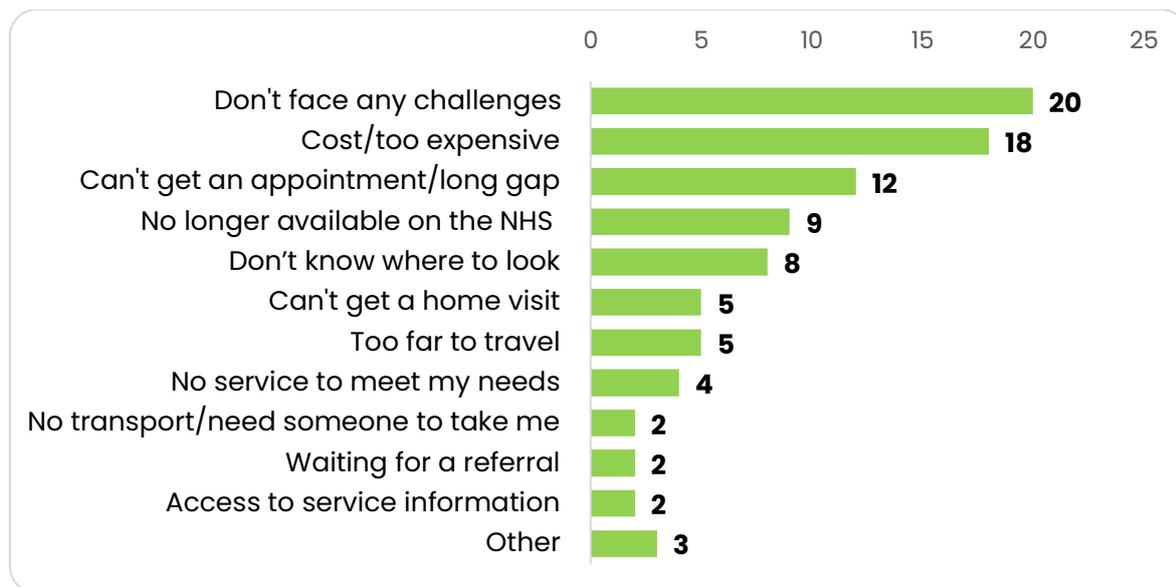
"It costs so much and I am retired and 76 years old so it's beginning to be unaffordable."

(Woman, 65-79, Cherwell)

3.2.6 Challenges to accessing foot care

Figure 4 below presents the range of challenges people reported facing when needing a foot care service.

Figure 4. Challenges in getting appropriate foot care (66 responses)



Note: more than one answer was possible

According to Figure 4, twenty survey respondents did not experience any challenges to accessing their foot care. Of those who did, the cost of treatment was the most common barrier (n=18). Twelve people commented on timing of appointments including getting an appointment and long gaps between appointments as a challenge. Nine people said that their treatment was no longer available on the NHS. Eight people said they did not know where to look for or how to find a suitable foot care service.

People with conditions that do not meet NHS eligibility criteria for NHS are unable to access free treatment and are told to find treatment from a private provider:

"No NHS assistance offered at all. Told to go private. Private service horrified that no help was offered on NHS as condition is chronic and possibly due to underlying condition."

(Woman, 50-64, South Oxfordshire)

"I asked when I first had the condition ['Continual corns that are painful and require scalpel every 8 weeks'] and was told that the NHS didn't do it and that I had to find my own private services."

(Woman, 65-79, Cherwell)

However, costs of private foot care can be high and limit or prevent some people from accessing the required treatment:

"I have to pay £49 for every session; as a pensioner this is another cost on top of an already high cost of living crisis."

(Woman, 65-79, Cherwell)

“Because of the high cost of private foot care I am unable to have the care I need as regularly as when I was an NHS foot care patient.”

(Woman, 50-64, Cherwell)

People understood that reduced capacity and staff shortages in the NHS podiatry service reduced the availability of foot care appointments and, therefore access to recommended treatment:

“GP referred. but not accepted by the podiatrist service as they had no capacity.”

(Man, 80 or over, Vale of White Horse)

“I understand that they are under staffed and find it difficult to bring in staff - and to retain staff.”

(Man, 80 or over, South Oxfordshire)

“I have been given a service 3-monthly to deal with the problem although NHS podiatrist says ideally it should be 8-weekly. Yesterday I received an appointment at a 4-monthly interval and was told they were too short staffed to offer me appointments any more frequently.”

(Woman, 65-79, South Oxfordshire)

The COVID-19 pandemic has also reduced face-to-face appointments in many health care settings, including podiatry:

“I was a regular patient attending every 6 months for a check-up. COVID stopped face-to-face consultations.”

(Man, 65-79, Oxford City)

“During COVID I did not get any appointments because I am not diabetic and do not have open wounds.”

(Woman, 65-79, South Oxfordshire)

As mentioned above, it appears to continue to delay access and ongoing referral to foot care for some patients:

“I was seen regularly by the NHS Podiatry team until COVID when my appointments were cancelled. I have been told that I should ask for a new referral if I want to be treated again.”

(Woman, 50-64, Cherwell)

3.2.7 The impact of poor access to foot care

People described the impact of inadequate access to affordable or regular foot care and poor experiences of services. Impacts included delayed treatment,

worsening of foot problems or health condition, persistent or increased pain, and reduced independence including mobility and walking.

One person who experienced delays and miscommunication after being referred from her GP practice to a commissioned musculoskeletal (MSK) podiatry service three months prior described the impact in detail:

"I can no longer walk further than a few yards and both feet are now painful, the knees also, the legs sometimes feel in a vice. The right foot is swollen and hot...My sleep is severely affected and I am now suffering from severe cramp in feet, calves and hamstrings, it wakes me and I need to get out of bed and stand up to relieve it. To add further insult to injury I received an email from [commissioned MSK service] to say I had now been discharged from the service for three months and would I fill in a survey to show how their treatment had helped me!!"

(Woman, 65-79, Vale of White Horse)

Other people described experiencing pain and infection because of delays in getting appointments:

"As time passes without seeing anyone the pain in my foot increases making it more difficult to walk."

(Woman, 65-79, Oxford City)

"I keep getting foot infections. I think that if I had the promised foot care examinations every 3 months most of these might be avoided."

(Man, 65-79, Oxford City)

The implication is that prevention is key. Untreated problems and health can deteriorate sometimes critically, but may potentially require NHS care later on, as well as undermining a person's mobility and independence. This inevitably leads to avoidable increases in demand and higher costs for NHS (and social care) services.

Some people who had to pay for private treatment could not always get the care they needed. One person whose NHS appointments were cancelled during COVID-19 felt their private treatment was less comprehensive than at the NHS podiatry service. As a result, they were left in more pain:

"The service is very impersonal and doesn't take into account my medical condition... Because of the high cost of private foot care, I am unable to have the care I need as regularly as when I was an NHS foot care patient...My feet are more painful, hard skin and callouses build up. I no longer get the thorough examination at each appointment that I did."

(Woman, 50-64, Cherwell)

People who cannot access an NHS service or afford private treatment are aware of the risk of worsening health and increased pain:

“I want to access via the NHS as I cannot afford to have this treatment privately this time. It is very difficult to speak to a GP where I live which makes getting a referral quite difficult. I am aware that there may be a long wait time for treatment which may mean I am in pain while waiting and at risk of infection.”

(Woman, 25-49, Vale of White Horse)

Some people felt they just had to live with pain or restrict their activities, reducing their quality of life. In contrast, receiving good care can be life-enhancing. One person who has been living with a neurological condition since childhood said:

“I have been very fortunate to have had podiatry care from [NHS podiatry service] for more than 20 years. This has enabled me to continue to be mobile throughout my pregnancies and through my middle age...If I couldn't access the foot care service, I would end up immobile.”

(Woman, 50-64, Cherwell)

4 What did we learn?

The results of our survey showed that people seek treatment for a range of foot health and related problems, and many have more than one condition. Treatment is available from NHS podiatry services for eligible patients, while others are often required to seek private care, which is inaccessible to some due to cost. NHS treatment thresholds have become higher and can be confusing for some patients. Referral pathways between NHS and private clinics could be clearer, in particular for high-risk patients.

People generally gave positive feedback about the quality of NHS podiatry care and staff, but appointments are difficult to get and the time between appointments is irregular, increasing and often too long. Staffing shortages are apparent and waiting lists have been impacted by the COVID-19 pandemic. Private providers are highly rated but too expensive for some people, with the potential of widening health inequalities. These factors are having a negative effect on people's access to treatment and quality of life. People who lack access to appropriate, affordable foot care often experience worsening of foot problems or health condition, persistent or increased pain, and reduced independence, mobility and walking.

As a mainly online survey, a relatively small number of people – mainly White British and aged 65 or over took part in our survey. Therefore, the results do not necessarily reflect the experiences of other individuals and groups across Oxfordshire. However, they do highlight some of the key challenges and barriers faced in accessing and addressing foot care needs.

Podiatry is an essential aspect of prevention and health care, especially for older people. The impact of untreated conditions can seriously impact other aspects of health such as infection, increased falls, and immobility. With an increasingly aging population, access to foot care is a pressing issue, it is important that people with a range of foot care needs can access to a well-resourced and comprehensive podiatry service.

5 Appendix

Table 3. List of conditions and service used

	NHS Podiatry service	Private podiatrist or professional	Voluntary sector e.g. Age UK	Family or carer	No foot care
Toenail cutting	17	19	1	2	9
Diabetes	9	2	0	0	2
Fungal infection	3	4	0	1	4
Heel pain	0	6	0	0	2
Bunions and hammertoes	7	14	0	1	3
Fractures and sprains	0	1	0	0	0
Arthritis	6	6	0	0	0
Ingrown toenails	7	5	0	0	2
Morton's neuroma	2	3	0	0	0
Foot ulcer(s)	3	0	0	0	0
Lymphoedema	2	0	0	0	0
Sensory impairment/poor circulation	2	1	0	0	0
Callouses/corns/verruca/warts	4	10	0	0	2
Other condition(s)	2	4	0	0	3
Totals	64	75	1	4	27

Useful links:

Oxford Health NHS Foundation Trust – Oxfordshire Podiatry

<https://www.oxfordhealth.nhs.uk/podiatry/> and eligibility requirement

<https://www.oxfordhealth.nhs.uk/podiatry/treatment/eligibility/>

Oxford University NHS Hospitals Trust – Podiatry and diabetic foot care clinic (delivered in partnership Oxford Health)

<https://www.ouh.nhs.uk/services/departments/therapies/podiatry.aspx>

Age UK Oxfordshire – Foot Care Services

<https://www.ageuk.org.uk/oxfordshire/our-services/foot-care-flb74e05-35fa-ed11-a81c-6045bd94e88e/> **Email:** foot_care@ageukoxfordshire.org.uk

Telephone: [01865 717 615](tel:01865717615) They have clinics across Oxfordshire offering a basic toenail cutting service to adults over 50. Each session costs £17 and lasts approximately 30 minutes. Please note this is not a podiatry service.

Connect Health – Musculoskeletal Provider for podiatry related to musculoskeletal problems <https://www.connecthealth.co.uk/services/oxfordshire/> Tel: 01865 634 336

NHS Find Podiatry Services <https://www.nhs.uk/service-search/other-health-services/podiatry>

National Institute of Clinical Excellence (NICE) Guidelines for diabetic foot care e.g. <https://www.nice.org.uk/guidance/ng19/ifp/chapter/foot-checks-for-people-with-diabetes#how-often-should-foot-checks-happen>

Health and Care Professions Council (HCPC) <https://www.hcpc-uk.org/standards/standards-of-proficiency/chiroprodists-podiatrists/>



Healthwatch Oxfordshire - our friendly staff are here for you to help answer questions or give you information on health and care services in Oxfordshire. If you need more information or advice, call us on **01865 520520** from 9am - 4pm Monday to Friday

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