

NHS Orkney Podiatry Access Criteria and Eligibility for Treatment

Category 1	Category 2	Category 3
Foot (Podiatric) need	Medical need	Non-eligible conditions
<p>Active Foot Disease</p> <p>Ulceration/ non healing foot wounds</p> <p>Charcots or history of Charcots</p> <p>Foot infection which has required antibiotic treatment (excluding fungal nails)</p> <p>In-growing toenail with inflammation/infection/ medical need</p> <p>Painful/ infected corns/ callus + Medical need</p> <p>MSK disorders and abnormalities of the foot and ankle. Joint pain, soft tissue pain, neurogenic pain, orthopaedic pain e.g., fractures, dislocations.</p> <p>Biomechanical Assessment and Gait Analysis.</p> <p>Dermatology need.</p>	<p>Diabetes with foot risk stratification of High Risk in remission.</p> <p>Diabetes with High Risk foot Stratification.</p> <p>Diabetes with a Moderate foot Risk Stratification and associated foot pathology.</p> <p>Neuropathy (altered/ loss of feeling in the lower limb due to a medical condition such as diabetes)</p> <p>Advanced Peripheral Arterial Disease (very poor circulation in the lower limb)</p> <p>Rheumatoid or related inflammatory arthropathies, Scleroderma</p> <p>Neurological Disorders e.g., MS causing reduced or altered sensation to the feet.</p> <p>Immunosuppressed / immunocompromised</p> <p>Advanced Chronic kidney disease Stage 3B, 4 /Dialysis</p> <p>Non-traumatic foot/leg amputation</p>	<p>General nail care</p> <p>Callus, corns, dry skin</p> <p>Verrucae (except when not responded to home treatments/ painful- and might benefit from dry needling)</p> <p>Diabetes (low foot risk stratification-biannual checks should be provided in Primary care)</p> <p>Difficulty in reaching feet to cut nails or other personal footcare.</p> <p>Fungal/ gryphotoc nail conditions</p> <p>Asymptomatic foot conditions</p> <p>Moderate foot risk diabetes with agreed holistic foot care plan and no podiatric problems (moderate risk stratification- annual foot screening in Primary Care.</p>

Active Foot Disease: may be either of recent onset or chronic, but deteriorating. The term refers to anyone with diabetes, peripheral arterial disease, rheumatology, immunosuppressed or immunocompromised who has:

- An ULCER, blister or break in the skin of the foot below the ankle
- Inflammation or swelling of any part of the foot or any sign of infection
- Unexplained pain in the foot
- Fracture or dislocation in the foot with no preceding history of trauma
- Gangrene of all or part of the foot.
- Painful peripheral neuropathy
- Acute Charcot's foot

High/ in remission foot risk stratification: previous ulceration, amputation, history of Charcot's foot.

High foot risk stratification: more than one of the following risk factors – loss of sensation, signs of peripheral vascular disease with callus or deformity.

Moderate foot risk stratification: one of the following risk factors – loss of sensation, signs of peripheral vascular disease without callus or deformity.

All appointments allocated depend on medical and podiatry need.

If patients meet any of the criteria in Category 1 or 2, they will be offered a primary assessment appointment, which may be by telephone, or face-to-face, subject to vetting and triage. After which they will receive either:

- Advice (and discharge from Podiatry to continue self-care)
- A face-to-face / intensive block of treatment and agreed care plan to meet their immediate, acute foot health needs, followed by discharge.
- Continued face-to-face appointing.
- Further follow up treatment, where patients are to be transferred to one of our Footcare Partners.

If a patient's condition is within Category 3, NHS Podiatry treatment will not be provided. Instead, they will be invited to attend a Personal Footcare Presentation or contact one of our Footcare Partners for treatment.

Domiciliary visits will only be allocated to truly housebound persons, if a face-to-face intervention /treatment is indicated.

Waiting times for appointments may vary depending on medical and podiatry need and treatment required.