

[Scottish Government national conversation to inform a new dementia strategy](#)

Royal College of Podiatry response

**1. What does dementia mean to you and those around you?**

The Royal College of Podiatry wish to ensure that people living with dementia have equity of access to all areas of healthcare, specifically podiatry, to ensure that preventative interventions have been implemented.

Podiatrists treat people with dementia for a variety of reasons, such as routine treatment, wound prevention and management, falls prevention and neglect due to the very nature of the condition. Patients often only present when issues have arisen, but as a service there is a significant role podiatrists can play in preventative care.

Helping to keep people mobile and active, podiatry services support people to remain independent, and live in their home for longer. These measures may include peripheral arterial detection and management, stretching and strengthening programmes to reduce people's falls, and targeted education to patients and their families/carers

**2. What supports work well for you?**

Ensuring awareness of the role of podiatry in preventative care and early intervention is key to improving the health and wellbeing of the people of Scotland. The public, as well as health and social care staff, need to be aware of what services are available, how to access them, and why and when to refer in. Engagement with podiatry services have led to noticeable positive outcomes, e.g., the reduced incidence of pressure damage within care homes. Targeted awareness campaigns and guidance are required for all potential users and carers- social care staff, post diagnostic support workers, families/carers and health care professionals working with people with dementia.

**3. What challenges need to be addressed?**

One of the first challenges is to address care homes levels of engagement with podiatry services for people with dementia and those providing post diagnostic support.

Basic personal foot care is an important component of free personal care in Scotland. This preventative element of personal care provides the opportunity for the surveillance of the foot, enabling referral to podiatry and early intervention for any foot or lower limb complications. Secondly, it is necessary to ensure people with dementia and/or their carers are able to recognise any concerns with their feet. Access to footcare self-management resources for people with dementia and their carers should be sign posted by a post diagnostic support worker. This should include standardised patient information about foot health, self-management and how to access

podiatric services. In Scotland a number of care homes outsource personal foot care to independent podiatrists which, whilst still providing the necessary care, is a cost borne by the individual, when it should be provided as part of free personal care.

It is of particular importance for people with dementia and their carers that they have the appropriate access to information in a form suitable for their needs. In addition, Check, Protect, Refer<sup>1</sup> ([CPR for feet website](#)) provides a vital resource for staff working in health and social care settings to understand the need for appropriate foot checks, protection and timely referral.

Communication of needs can be difficult for patients with dementia. Talking Mats enables patients to share their thoughts and feelings about their foot health through visual symbols. NHS Podiatry services in Scotland are rolling out the use of Talking Mats in a selected number of Health Boards. However, a national approach to the delivery of this communication tool would be likely to increase patient engagement and improve foot health outcomes for people with dementia.

#### **4. How would addressing these challenges change lives?**

Timely access to Podiatry if required. The importance of foot and lower limb health cannot be underestimated. Be it maintaining foot and lower limb health, or preventing ulceration, infection, or amputation. Timely access to podiatry ensures preventative interventions to reduce people's risk of developing ulceration, infection, and amputation. Enabling people to stay more active not only improves the individuals' quality of life, but activity reduces the risk of pressure damage. People with dementia have a risk of amputation three times as high as the risk associated with those with peripheral arterial disease<sup>2</sup>.

Access to NHS podiatry services for care homes is vital; this is currently underfunded, and therefore access is variable per Health Board. Evidence shows up to 70% of care home residents present with foot health issues, whilst 38% of residents with dementia have a significant foot complication impacting their wellbeing<sup>3</sup>.

#### **5. What do we need to build on/learn from what has been done before?**

Loss of mobility can have a major psychological impact on an individual<sup>4</sup>. Incorporating podiatrists into mental health teams would help to build in the importance of foot and lower limb health within this sphere, and enable early interventions, earlier discharge, and reduction in admissions.

#### **6. What else would you like to tell us?**

AHP services have an important role in supporting people and their families, as a collective and as individual services. By funding and supporting these services to be part of the mental health multi-disciplinary teams, progress can be made to further the wellbeing of people living with dementia.

One area of work being undertaken is around dementia diagnosis and gait<sup>5</sup>. Podiatrists are experts in gait analysis therefore would be integral drive this work forward and be involved in the MDT diagnostic process.

Overall, there is great potential in podiatry services which can be utilised to help make a difference for those living with dementia.

### Recommendations

- The provision of personal foot care in care homes and appropriate referral to podiatry, should be monitored by the Care Inspectorate as part of their inspections of care homes for adults programme
- CPR for feet training should be a mandatory education requirement for those working in care homes and dementia specialist units
- All Health Boards should provide foot health information in an easily accessible form, suitable for patients and families/carers needs

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### References

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<sup>2</sup> Schuch V, Moysidis T, Weiland D, Santosa F, Kröger K. Dementia and amputation (2012). *Interventional Medicine and Applied Science*. 4(4):175-80. doi: 10.1556/IMAS.4.2012.4.1. Epub 2012 Dec 27. PMID: 24265873; PMCID: PMC3831786.

<sup>3</sup> Tewary S; Pandya, N; and Cook NJ., "Prevalence of foot problems in nursing home residents with diabetes stratified by dementia diagnosis" (2013). *Faculty Articles*. 318.  
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<sup>4</sup> The Pharmaceutical Journal, A strong base: the importance of foot health; Online:  
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<sup>5</sup> Rochester L. What can gait analysis tell us about dementia and its subtypes? An integrated study of brain and behaviour (2016). NHS Health Research Authority <https://www.hra.nhs.uk/planning-and-improving-research/application-summaries/research-summaries/what-can-gait-analysis-tell-us-about-dementia-and-its-subtypes/>