

**Policy/Service Title: Community Based toe Nail cutting  
service  
Equality Impact Assessment Report  
Date: 4.2.09**

**Co-ordinator of Policy or Service: Sue Townley**  
**Persons carrying out Equality Impact Assessment: Sue Townley**

## **1. Introduction**

The aim of this service is to provide a community based toe nail cutting service for adults 55 years and over who cannot cut their own toe nails due to mobility problems. This service will make a positive contribution to a persons physical, psychological and social health and wellbeing and contribute to the prevention of health problems associated with poor foot care.

## **2. What data was analysed as part of this Equality Impact Assessment and what did it tell us?**

B&NES PCT Podiatry service provides foot care treatment for patients whose foot/feet pose a medical risk (e.g. poor tissue viability, diabetes, ischaemia) and who therefore require foot care from a podiatrist or foot care assistant. This service stopped providing a generic toenail cutting service in December 1999. Figures for year ending December 1999 reveal that 2,521 nail cutting only treatments were provided, of which 50% were people at risk medically, and 50% were people deemed not at risk but needing basic foot care i.e. toenail cutting.

This change to service provision reflects what has happened nationally. Findings from work undertaken by Age Concern (2007) and Help the Aged (2005) reveal a reduction nationally in NHS Podiatry services and stringent eligibility criteria, making it harder for older people in particular to get the basic foot care e.g. toenail cutting they need.

Furthermore, healthy aging is a key component of various Government policy initiatives. The National service Framework for Older people (2001), in particular Standard 6 – falls, and Standard 8 – promotion of health and an active life, recognises good foot care as a major contribution to

health and wellbeing. Good foot care enables physical activity, contact with social networks and community participation. It helps to prevent people becoming housebound, isolated and susceptible to falls.

The commissioning specification for this service has been produced in the context of these reports and policy initiatives. It also reflects the feedback from older people at the PCT's planning fairs and the older people's network forum.

### **3. Assessment of impact on equality groups**

- Gender – Neutral impact
- Disability – Positive impact, in that individuals with mobility problems due to a range of health problems and/or disability who cannot bend to cut their toe nails will now have access to a service that meets this need.
- Age – Neutral impact. The commissioning specification states the service is for people aged 55yrs and over. The rationale for has been informed by information obtained from various consultation process outlined 2.1. namely it is anticipated that the majority of people accessing this service will be in the older age group i.e. 70yrs plus. Also, that younger individuals i.e. 55yrs and under with a disability/mobility issue, may have contact with a health or social care provider and the need to have toe nails cut is met by this care provider. As outlined in 1.6. there is the potential to exercise discretion re. age if an individual cannot cut their own toenails due to health/mobility problems. Given this is a new service, the numbers of people under 55yrs wishing to access this service is unknown. This issue will need to be monitored and discussed by service providers and commissioners, and additional criteria developed and/ or changes to the service made in terms of eligibility criteria if it becomes necessary to do so.
- Race – Neutral impact
- Sexual orientation – Neutral impact
- Religion/belief – Neutral impact

### **4. Monitoring arrangements**

The contract will be monitored by NHS B&NES and the PBC exec. Every month the service provider will supply key statistical information (KPI) (as outlined in the commissioning specification) on activity levels and outcomes for the service to the commissioner. The KPI's will reflect the six equality strands. There will be quarterly review meetings between provider and commissioner. The service provider will provide an annual report. These monitoring activities will contribute to decisions made re. a service change.

## **5. Conclusions and action plan**

See attached action plan

**Signed off by** Janet Rowse  
Deputy CEO  
NHS Bath & North East Somerset