

**Policy/Service Title: Department of Foot Health
Equality Impact Assessment Report
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1. Introduction

Podiatrists employed by NHS BANES are committed to maintaining the foot health of the population to agreed standards and within the resources available thereby improving patient mobility, quality of life and preserving limbs irrespective of any of the six strands that are assessed within the EIA.

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

Consultation undertaken with clinical staff and using data recorded as a matter of course by the service including ethnicity, age, gender and disability. Consideration was given to how to monitor sexual orientation, but data for this strand is unavailable. Other departments were contacted for information about the public health profile for an age/gender breakdown of the entire BANES area population, complaints and adverse events.

The results show that the Department of Foot Health was consistent with the BANES population ethnicity, the age profile was higher as would be expected for a service of this kind. The computer system used to gather information and make appointments has no additional fields to allow the collection of information on sexual orientation so a paper pilot scheme to gather the information has been started – see enclosed copy.

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 provision of podiatry services to people with diabetes has been shown to reduce admission rates, reduce length of stay in acute hospitals and reduce lower limb amputations. The prevalence of diabetes and associated vascular disease is known to be higher in the Afro – Caribbean population and this may be reflected in the higher proportion of this ethnic group seen by the service.

The provision of foot care to patients with rheumatological conditions is a service that as mentioned previously enables physical activity, contact with social networks and community participation. It helps to prevent people becoming housebound, isolated and susceptible to falls.

3. Assessment of impact on equality groups

- Ethnicity. White Irish are over represented by a factor 2.4 (49 individuals), while White Other are very significantly over-represented by a factor of 6.8 (565 individuals), however overall the presentation of white patients matches that given in the Banes Ethnic Breakdown 2001. British Caribbean are over-represented by a factor of 3.3, however this represents only 28 individuals and being from a group known to be susceptible to conditions that pre-dispose them to foot ailments is not unreasonable. The only significant variation is amongst the Indian population where an additional 16 individuals represent a 2.3 times the expected figure. Other variations between data sets are smaller still.
- Disability. Of the patients seen by the Department of Foot Health 32% are registered as having some form of disability. This compares with a combined figure of 7% for the overall population¹. A significant proportion of the Departments figure are from individuals with a risk of falling (49%) or suffering from physical or sensory impairment (39%), the remainder suffer from mental health issues.

Gender, BANES data show a 0.5% difference between Male and Female². The Department of Foot Health data shows 39% Male and 61% Female. This may be explained by the greater proportion of older females and the

¹ In BANES 10100 individuals in receipt of Disability Living Allowance, Incapacity Benefit and Severe Disablement Allowance.

² Male 49.46%, Female 50.54%.