

PE2186/A: Review the Personal Footcare Guidance to ensure equity to access footcare services in rural and remote areas in Scotland

Scottish Government written submission, 13 October 2025

Does the Scottish Government consider the specific ask of the petition to be practical or achievable?

No, the Scottish Government does not intend to review the Personal Footcare Guidance at this time. While the Scottish Government sets the strategic policy direction for NHS Scotland, decisions about the delivery of specific services are made by individual NHS Boards. These Boards are responsible for ensuring safe, effective, and person-centred care tailored to local populations needs and priorities. This includes support for self-management to promote foot health, short episodes of care for specific foot conditions, and specialist treatment for patients assessed as being at significant risk of serious health or foot-related complications. NHS Boards must prioritise services to make best use of available resources and ensure that specialist expertise is directed to those who need it most.

The current guidance is already supported by a wide range of national policy frameworks that promote equitable access to personal care, including footcare, across Scotland. These include:

Free Personal and Nursing Care legislation, which ensures that adults of any age who are assessed as needing personal care, including toenail cutting, receive it free of charge regardless of location, condition or means.

The Community Care and Health (Scotland) Act 2002 and its 2018 amendment explicitly list toenail trimming as a personal care task that must not be charged for by local authorities.

Local authorities are responsible for conducting needs assessments and developing care plans that reflect individual requirements, preferences and circumstances, including those in rural and remote areas.

The guidance is aligned with key national strategies such as the Carers (Scotland) Act 2016, National Carer Strategy, Realistic Medicine and the Scottish AHP Public Health Strategic Framework, all of which promote person-centred and accessible care.

In addition, the Healthcare Framework for Adults Living in Care Homes (2022) reinforces the expectation that individuals in care homes receive the same level of healthcare access and support as those living in the wider community.

We acknowledge the concerns raised in the petition. However, decisions about service delivery and patient treatment are made at a local level by NHS Boards, Integration Joint Boards, social work and healthcare professionals.

What, if any, action the Scottish Government is currently taking to address the issues raised by this petition, and is any further action being considered that will achieve the ask of this petition?

The Personal Footcare Guidance refresh was [published on the Scottish Government website in March 2025](#), the aim of this update was to bring the published 2013 [Personal Footcare Guidance](#) up to date. Specifically, this refresh was to update advice for individuals, carers, care providers and families in the provision of personal footcare and to share information on resources.

The refreshed 2025 guidance maintains the clear and consistent position first set out in 2013. Routine nail cutting and personal footcare are considered part of daily hygiene, not a clinical service provided by NHS podiatry. There has been no change in policy by the Scottish Government in relation to this.

The Committee should note that this refreshed Personal Footcare Guidance has been developed in alignment with the evolving priorities of the Service Renewal Framework and the Operational Improvement Plan, which now guide the transformation of health and social care in Scotland following the conclusion of the Care and Wellbeing Board. It is designed to ensure that individuals in Scotland know and understand how to receive the right care, at the right time, and in the right place in respect of footcare services. This guidance reinforces the importance of integrated care, prevention, anticipation, and supported self-management, in line with national efforts to improve service delivery and outcomes.

A Short Life Working Group (SLWG) led the refresh of this guidance. This group was in a position to provide advice, and expertise whilst supporting engagement with relevant stakeholders.

Members of the group included clinicians, podiatry leads at NHS Boards, NHS Education Scotland (NES) and Royal College of Podiatry (profession specific) to allow broad input into the content and ensuring accuracy in respect of how services are currently delivered in Scotland.

Is there any further information the Scottish Government wish to bring to the Committee's attention, which would assist it in considering this petition?

An Equalities Impact Assessment (EQIA) has been carried out, in line with the Scottish Government's legal obligations, which covers all nine protected characteristics defined by law. Geographic location, including rural or remote areas, is not a protected characteristic under the Equality Act 2010. Decisions regarding service delivery in these areas are the responsibility of individual NHS Boards, Integration Joint Boards, Social Work and health professionals, who are best placed to assess and respond to local needs, and who will undertake their own process and assessments to support them to do so.

Allied Health Professions Strategy and Policy