

TO: West Gloucestershire Primary Care Trust Board

FROM: Chris Boden, Head of Gloucestershire Podiatry Services

DATE: 16th March 2006

SUBJECT: PODIATRY SERVICES

1.0 PURPOSE

- 1.1 To update the Board on actions to be taken to address the number of complaints received by the Podiatry Service and how these will be addressed through a county-wide strategy to redesign how traditional Podiatry Services are delivered.

2.0 INTRODUCTION

- 2.1 A Podiatrist is a: "Foot Specialist who studies foot pathology from a structural and functional standpoint, and who treat medical problems dealing with the foot" (DiMaggio, 1995). The traditional model of podiatry delivery is one of "treatment for life" with very few discharges, therefore the caseload continually grows and appointment intervals inevitably extend.

3.0 BACKGROUND

- 3.1 In 2000 the Podiatry Service in Gloucestershire introduced new access criteria as part of a rationalisation programme. This resulted in the reduction of podiatry staffing and 11% of the caseload being discharged (approximately 3,500 patients) from NHS podiatry care county-wide. Access to Podiatry Services across Gloucestershire is now based on either a "medical" and/or "podiatry" need and people requesting podiatry are assessed against a scoring system that requires them to have 28 or more points to gain access. More points are gained, the higher the medical risk. Podiatry Services are now one of only a few NHS Services that have such a system controlling access.
- 3.2 Following initial assessment the Podiatrist is able to determine the patient's level of risk i.e. at risk, high risk or very high risk, and a treatment plan is agreed with the patient which includes relevant treatment intervals. Priority for appointments is always given to the highest risk patients. However, the number of higher risk patients is growing. Therefore, the current format of service delivery is unsustainable and is one of the reasons for the high level of complaints.

4.0 COMPLAINTS

- 4.1 Podiatry Services have consistently received the highest number of complaints year on year since the formation of West Gloucestershire Primary Care Trust. The table overleaf demonstrates a disproportionate number of complaints in the West Gloucestershire PCT area even after taking into consideration differences in population etc.
- 4.2 As has been reported at previous Board meetings the main theme of podiatry complaints is waiting times for access to podiatry and waiting times between treatments once access has been gained.

Table 1: Number of Podiatry Complaints^{*1}

Year	No. of Complaints	% of PCT Total
2002-2003	27 (WGPCT-15, CVPCT-6, CTPCT-6)	44.3%
2003-2004	20 (WGPCT-12, CVPCT-5, CTPCT-3)	40%
2004-2005	26 (WGPCT-21, CVPCT-4, CTPCT-1)	37.1%***
2005-2006 (to date)	30 (WGPCT-21, CVPCT-6, CTPCT-3)	34.5%***

(*** The introduction of the "Out of Hours Service" accounts for the drop in overall percentage)

- 4.3 Detailed examination of the individual podiatry complaints has shown that all complainants are those with lower priority medical needs i.e. "at risk" rather than those with higher priority medical needs i.e. "high risk". This has primarily come about as podiatry resources are concentrated on those with the higher priority needs.
- 4.4 Patient expectations have also grown. It is well documented that patients look forward to their podiatry appointments and often their expectation of treatment intervals are shorter than medically necessitate.
- 4.5 Podiatry resources in terms of staff have not grown since the rationalisation programme of 2000. Current information suggests that in England there are 7.9 podiatrists per 100,000 population, in Avon, Gloucestershire & Wiltshire Strategic Health Authority area there are 5.9 podiatrists per 100,000 population^{*2} (Gloucestershire – 5.7 podiatrists per 100,000 population). This is despite an increase in the number of commissioned training places for podiatry students (2002/2003 – 427 students, 2003/2004 – 451 students, 2004/2005 – 559 students)^{*3}.
- 4.6 Further detailed analysis of podiatry complaints suggests that the current system for appointment making in West Gloucestershire and part of Cotswold & Vale (the old Severn NHS Trust area) are linked to its I.T. system. Patients in West Gloucestershire are informed by the podiatrist when their next appointment is likely to be, and if the appointment is later it results in a complaint. In the east of the county patients are given responsibility for making their own appointment and are asked to telephone the podiatry office when they next require an appointment. Interestingly a recent audit of "Did Not Attend" (DNA) rates demonstrated that the podiatry service did not have high levels of failed appointments, most common reason for failure to attend being "the patient forgot"^{*4}.
- 4.7 Rises in the level of complaints can also be linked to staff vacancies. Recent vacancy freezes have had a direct impact on podiatry waiting times. When the West Gloucestershire PCT, Podiatry Team are fully established, there is a knock-on reduction in the level of complaints^{*5}. (October 2005 - 1226 new patients' were waiting for appointments, with treatment intervals varying between 2-11 months).

5.0 PODIATRY SERVICES STRATEGY

- 5.1 The current system of delivery of Podiatry Services is unsustainable in the long-term. Restricting access to Podiatry Services further is not an option because only people with a medical need now access podiatry and it is a statutory duty of the NHS to deliver free health care on the basis of clinical need. Therefore the Podiatry Service needs to be creative and radical in how it redesigns the delivery of foot-care services for Gloucestershire.

5.2 A new Podiatry Strategy is therefore required to address the issues raised in this report. Current Government policies offer Podiatry Services with a number of new opportunities to deliver its highly skilled services differently. Some of the aspects of service redesign already in place include the "Best Foot Forward" initiative with Social Services and the introduction of Orthopaedic Foot Triage and Podiatric Surgery to reduce the number of patients going to secondary care. Some of the other Secondary Care Services that Podiatry can assist in delivering in Primary Care include:

- Rheumatology
- Diabetes
- Dermatology
- Wound Management
- Pain Management
- Orthotics (some aspects)
- Orthopaedics (extended to C&T PCT and C&V PCT areas)

5.3 Future Podiatry Services will deliver highly specialist foot-care services in Primary Care. At the same time it will change the focus of service delivery to one which involve its patients in their own foot-care, giving them information and alternative ways of dealing with these problems and assisting them to remain independent. Podiatry Staff will also use their specialist skills to support and develop other providers to deliver basic foot-care in the community or people's own homes.

5.4 The future framework for the Podiatry Service Strategy will therefore include:

- Provision and support to a comprehensive foot-care service. This will involve the direct and in-direct podiatry input into the delivery of these services
- Podiatrists to directly provide highly specialist foot-care services specifically focussed at delivering traditional Secondary Care services in Primary Care
- Podiatrists to indirectly provide basic foot-care services through educational and practical support to independent providers
- Podiatrists to continue to develop their skills to prevent more patients accessing secondary care
- New county-wide IM&T system to improve appointment systems and to facilitate access to foot-care information
- Introduction of new patient pathways that will include patient education/empowerment sessions prior to access to Podiatry Services

6.0 RECOMMENDATION

6.1 The Board is asked to note the contents of the report.

References

- *¹ Quarterly Board Complaints Reports, West Gloucestershire Primary Care Trust (2002-2006)
- *² Health and Social Care Information Centre, Non-Medical Workforce Census Office for National Statistics Population Census (2004)
- *³ Quarterly Monitoring Reports-Non Medical Education and Training, Quarter 4, Department of Health (2005)
- *⁴ Gloucestershire Primary Care Clinical Audit Report – "Did Not Attend" Audit (2005)
- *⁵ Report on current waiting times, Alex Harrington, Clinical Lead Podiatrist, WGPCT (2006)