

North Cumbria Podiatry Service 2019

Cumbria Health Scrutiny Committee - 7 October 2019

Introduction

The Podiatry service currently provides assessment, diagnosis and treatments to any person registered with a GP in North Cumbria. Service delivery includes generic and specialist podiatry across the county, and specialist/ advanced care delivered in specific locations. Current practice and the criteria for ongoing long-term care have not changed over the years and is no longer evidence based. An increase in chronic long-term conditions and the increasing aging population means that the current model is no longer sustainable, especially if the service is to efficiently manage more complex foot problems. In Cumbria Diabetes foot related bed days and number of amputations are above the national average. Approximately 30% of the existing podiatry case load is increased and high risk diabetic care.

There are over 600 admissions a month into the acute hospital due to diabetes and approximately 25% of these have an active diabetic foot problem. The Podiatry department in 2017- 2018 had over 24,871 contacts in West that has risen to 27,122 in 2018-19. This year on year increase means that unless capacity is created within the system we will not be able to provide the quality care for the increased and high risk patients and we will continue to fire fight on these patient who have complex needs. Referral numbers have stayed the same.

This proposal is to roll out the use of a new evidence based eligibility criteria, to reassess the current caseload and, where appropriate, to signpost patients to other providers who are no longer eligible for ongoing care. This has already been piloted in Copeland locality and saw 1000 patients discharged from the current caseload as a result. The pilot was to test out the communication package and strategy and ensure it was robust and minimised any potential complaints. Extensive engagement has been undertaken with patients and third sector groups like Age UK and Alzheimer's Society as part of the pilot; resulting in a more integrated working particularly with Age UK who provide a nail cutting service to support the patients who no longer are eligible for ongoing NHS care.

It is also important to understand that Cumbria's NHS Podiatry service is not unique in having to manage their caseload more efficiently and concentrate on more high risk patients. Other trust including those in Salford, Liverpool and Chester have moved towards only delivering a high risk. Other trusts are having discussion around discontinuing ALL nail cutting even for the high risk patients.

It is important to note that the Podiatry service in north Cumbria will continue to maintain an open access service for all patients for a one off assessment/advice.

Aims and Objectives

- Provide a comprehensive/ evidence based range of podiatry treatments in line with the access criteria.
- Provide appropriate and up to date advice and information on all relevant aspects of effective foot care to patients (on the caseloads), carers and other health care professionals. Ensure care coordinators / advocates are involved as appropriate.
- Provide access to high quality, safe care that gives timely advice, early interventions, assessment, diagnosis and treatment for patients according to their individual need.
- Ensure timely access to treatment to prevent deterioration in foot health and to prevent unnecessary admissions into secondary care
- Ensure effective demand management, including gate keeping, the management of waiting lists and waiting times, via an appropriate clinic booking system and the implementation of efficiency measures in all clinics

North Cumbria Podiatry Service 2019

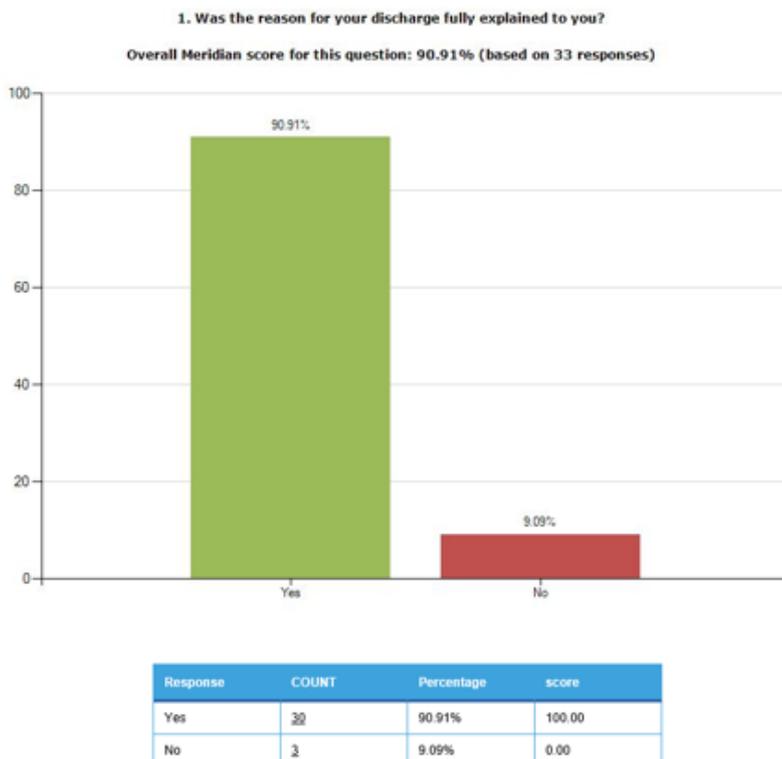
Cumbria Health Scrutiny Committee - 7 October 2019

- Ensure multi-disciplinary collaborative working with other specialist services across primary, secondary and social care.
- Ensure the service is responsive and flexible enough to respond to changing need and demand
- Ensure we are compliant with NICE guidance etc.
- Robust signposting for patients who do not meet the service criteria ensuring patients do not bounce back into primary care for support.
- Proactively work with third sector &/or private podiatrist to enhance signposting.
- Provide a proactive discharge process ensuring appropriate patients are discharged from the service with appropriate information and support packages with identified provider list.

In recognising and responding to any concerns raised by patients, we can provide the following assurance:

- All existing patients will be assessed by the NHS Podiatry Service before anyone is discharged. Patients who are discharged will be provided with comprehensive self-care advice before they are signposted to other services.
- If appropriate, based on medical and podiatric need, the Podiatry Service could offer a short-term episode of care to treat a specific foot problem and then on completion of the treatment plan, the patient would be discharged and signposted to other services.
- People who require help with self-managing basic nail cutting needs will be given information about a non-NHS basic nail cutting service. This will need to be self-funded.

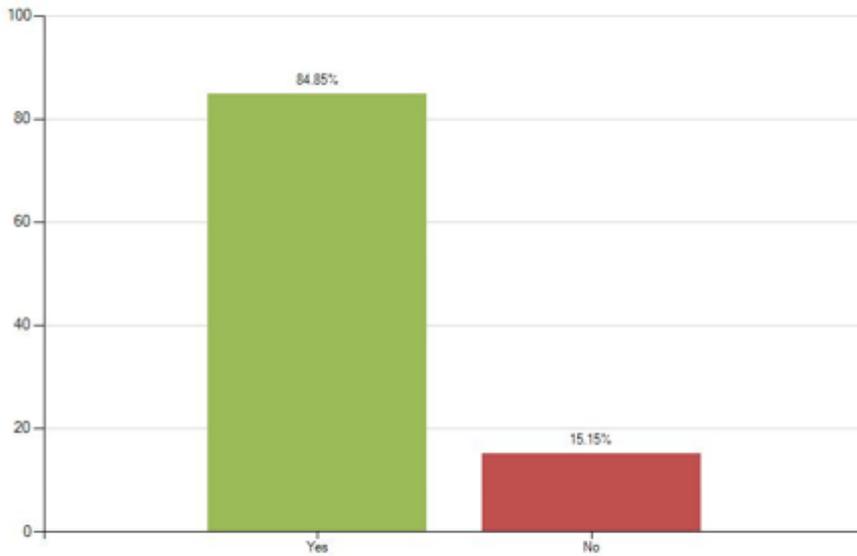
As part of the pilot we provided all patients that were discharged with a discharge questionnaire. Appendix 1 shows the full report and findings however the pilot showed that the patients were fully informed of the changes and demonstrated where patient ended up being signposted too.



North Cumbria Podiatry Service 2019
Cumbria Health Scrutiny Committee - 7 October 2019

2. Did you receive the following information through the post prior to your appointment? Appointment Letter

Overall Meridian score for this question: 84.85% (based on 33 responses)



Response	COUNT	Percentage	score
Yes	28	84.85%	100.00
No	5	15.15%	0.00

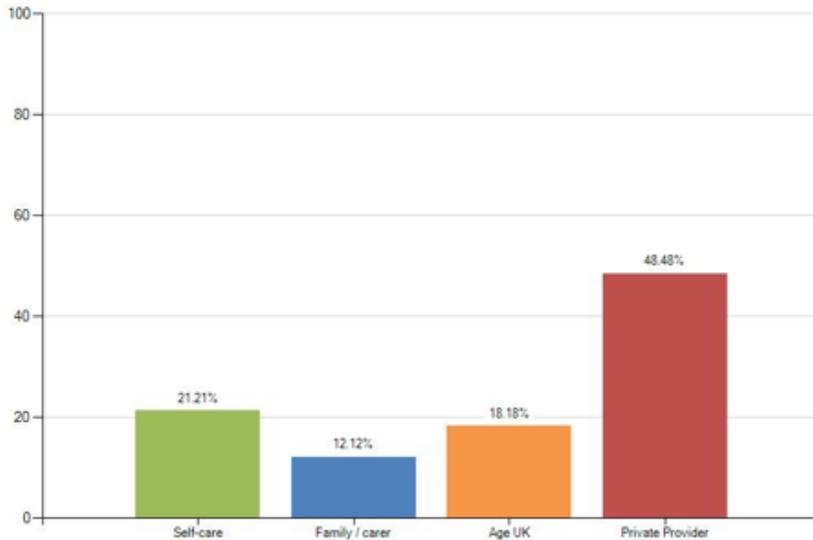
The 15% who may not have received information through the post may not have a letter if they got an appointment at short notice. Also the booking centre who carries out the administration for the Podiatry service had some initial teething problems which were quickly resolved.

As for where patient went after the pilot the following graph highlights the breakdown of options available to discharged patients.

North Cumbria Podiatry Service 2019
Cumbria Health Scrutiny Committee - 7 October 2019

5. Can you let us know where you are receiving your foot care now?

Non Scoring, 33 responses



Response	COUNT	Percentage	score
Self-care	7	21.21%	0.00
Family / carer	4	12.12%	0.00
Age UK	6	18.18%	0.00
Private Provider	16	48.48%	0.00

Methodology of Pilot from Copeland.

The pilot took place between January 2019 and June 2019 and involved the whole of the Copeland area all patients whether new or existing were reassessed using the new matrix / scoring system and signposted accordingly (Appendix 2). The rest of the Podiatry sites across Cumbria also introduced the new matrix to all new patients who accessed the service only. All patients received an appointment letter which also had attached a frequently asked questions document which explained what to expect at their appointment. (Appendix 3) it was thought that by communicating in advance to patients it would reduce the likelihood of a patient feeling like it was a surprise and to help manage their expectations.

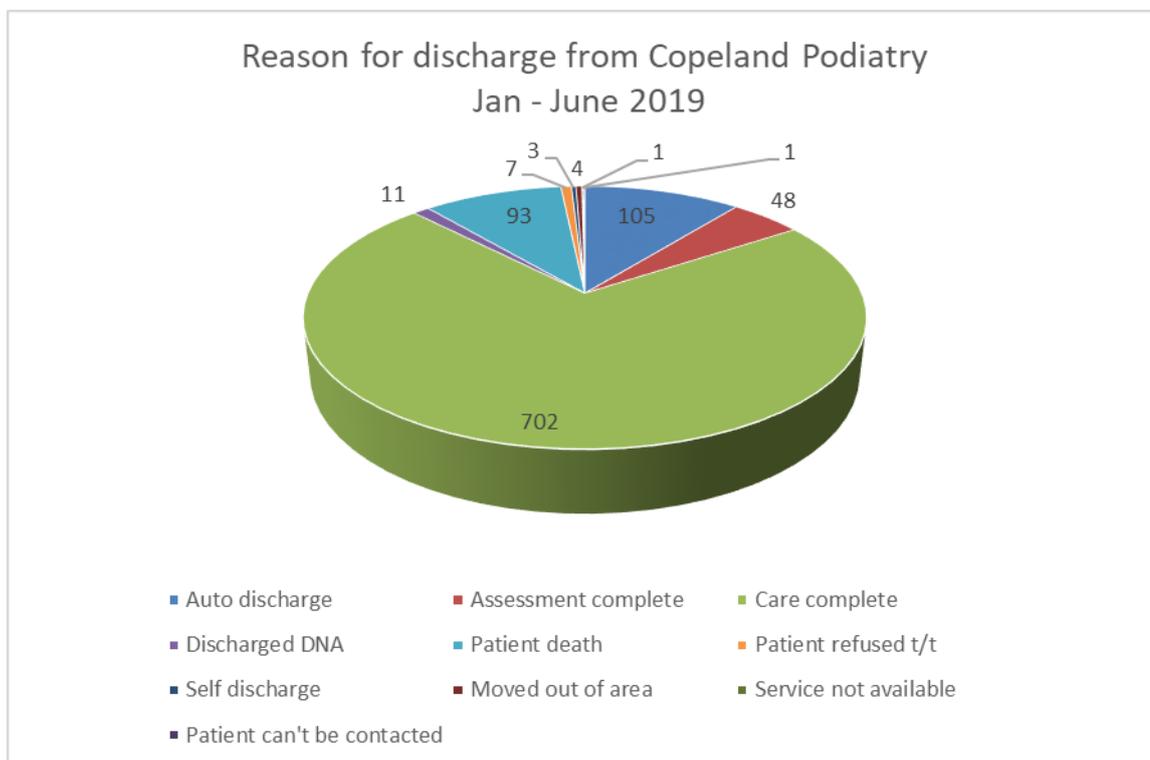
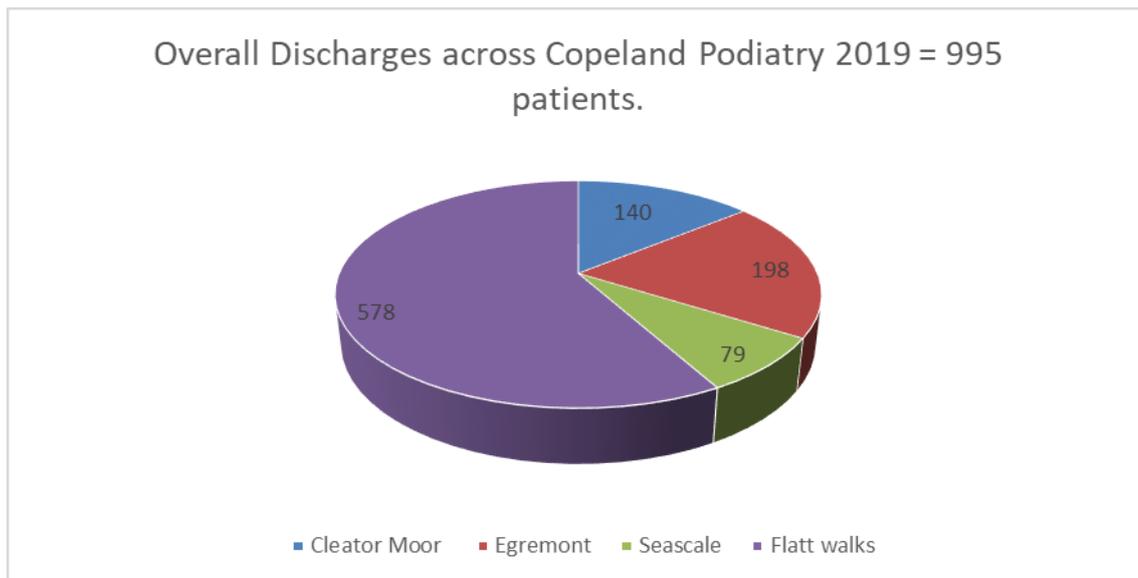
The communication plan also ensured that patients who were being discharged had a discharge letter which highlighted how they could access alternative care providers. (Appendix 4). Any patient deemed to be vulnerable or at risk would have a letter sent to the care co-ordinator at the GP Surgery so the surgery staff were aware. As a result of a letter from a local MP who highlighted concerns re the wording of the discharge letter this was altered to ensure patient did not misinterpret how to access the service. This demonstrated that we were willing and able to adapt to ensure we communicated effectively with the Cumbrian population who may access our service. Patient who were discharged were given a discharge questionnaire so we could establish their thoughts on the pilot processes as well as try to establish were they ended up being signposted too.

North Cumbria Podiatry Service 2019
Cumbria Health Scrutiny Committee - 7 October 2019

Results from Copeland Pilot

The pilot discharged approximately 1000 patient over the 6 month period.

The following data highlights where the discharges were mainly and the reason why.

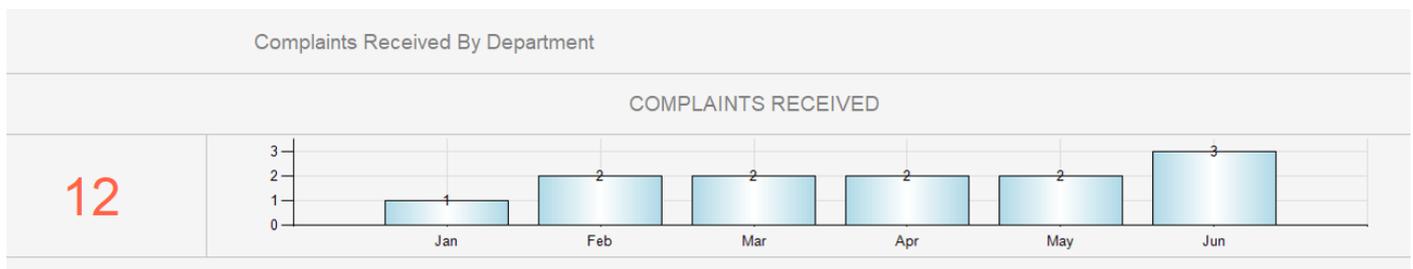


Care complete is when a patient is discharged through the reassessment process. As you can see the vast majority of the discharges over the pilot were through care complete.

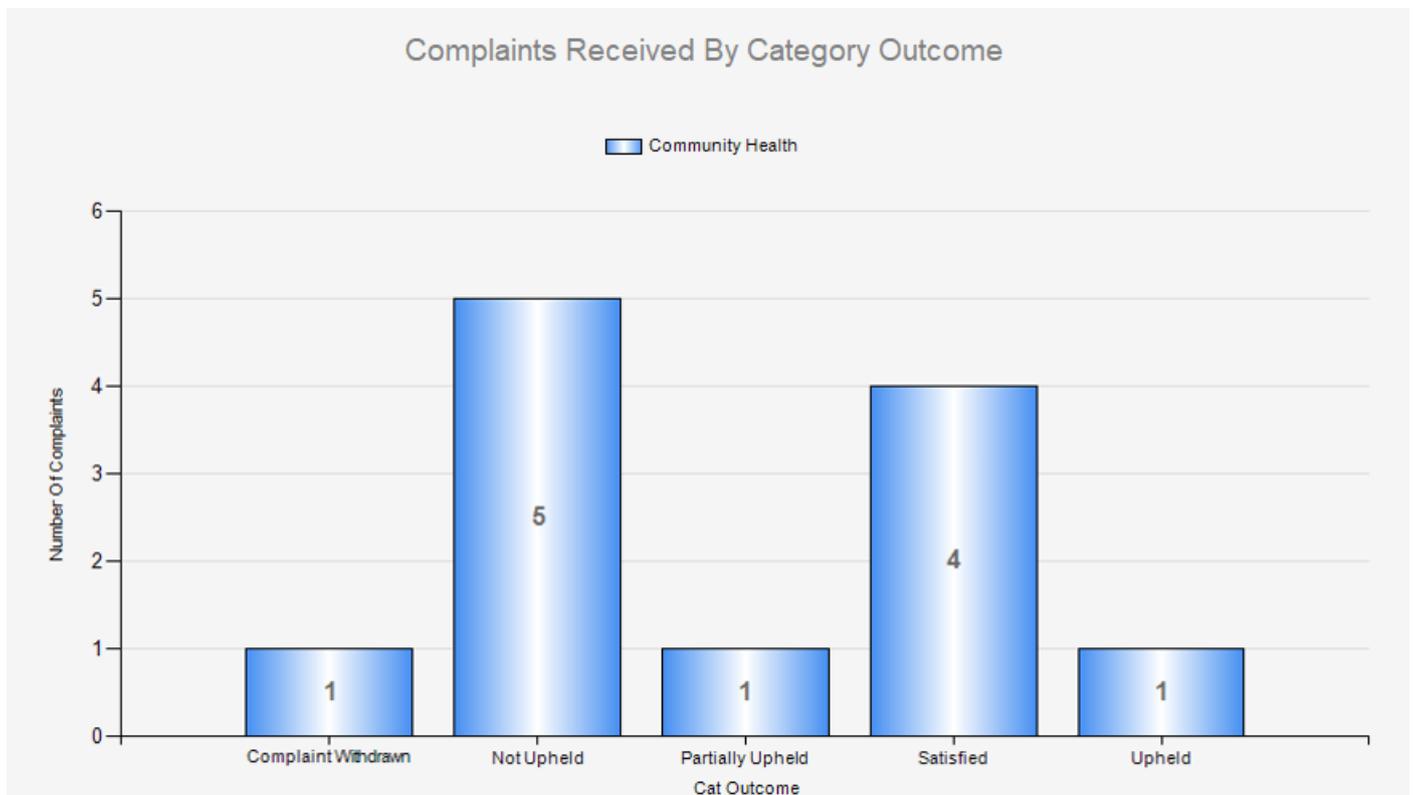
North Cumbria Podiatry Service 2019
Cumbria Health Scrutiny Committee - 7 October 2019

We were extremely conscious that this could be a very emotive discussion so were keen to capture data on complaints/ comments. As you will see the communication package used and strategy adopted to roll out the pilot resulted in the low numbers of complaints as well as staff being trained on how to manage these conversations. Over the 6 month period Copeland locality received 12 complaints despite discharging nearly 1000 patients. Only 1 was upheld and the patient was reinstated to the caseload for ongoing care. That complaint was reviewed by the senior management team and the learning from the complaint was that as the patient sat in the scoring system where the patient could be potentially discharged or kept on. It was felt that if this occurred staff should err on side of caution and keep the patient on in future.

Number of complaints over the 6 months

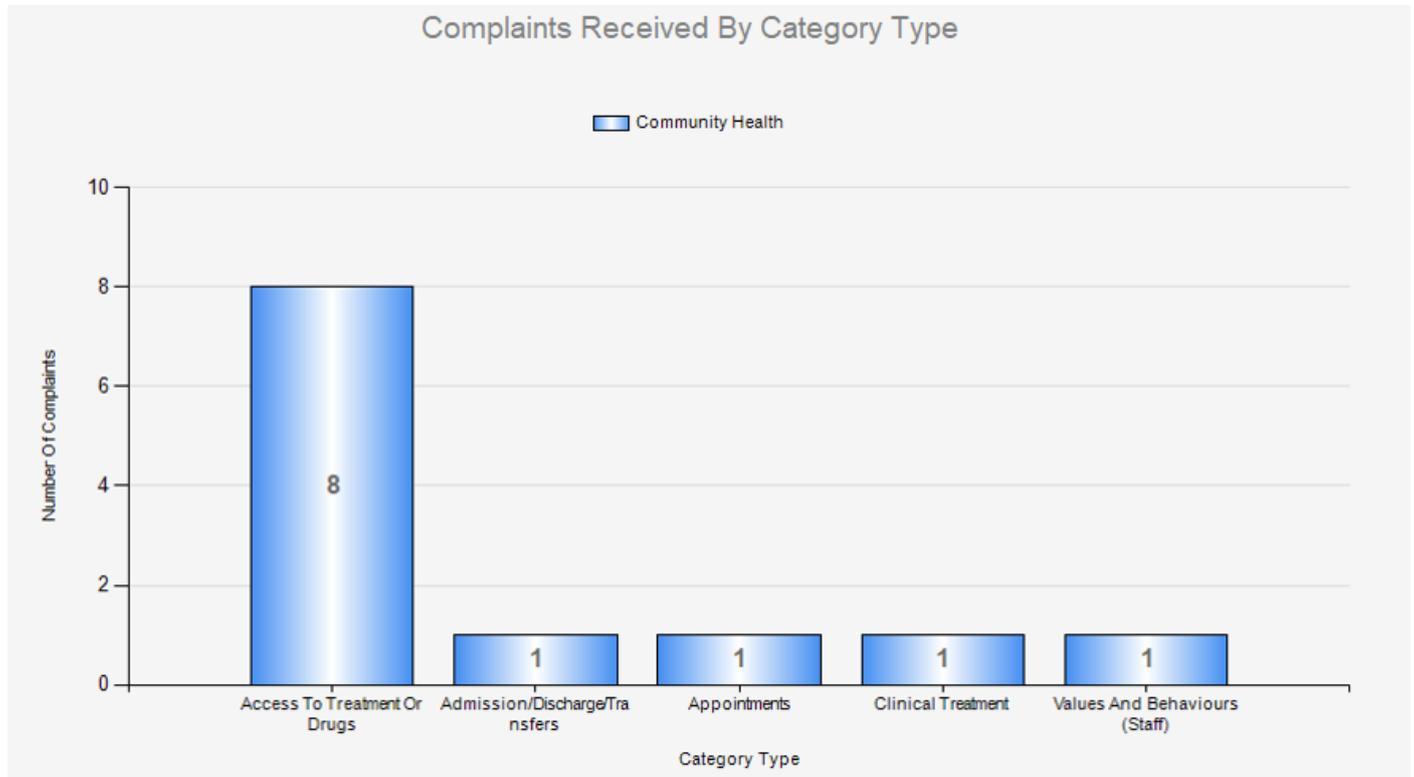


Complaint outcome

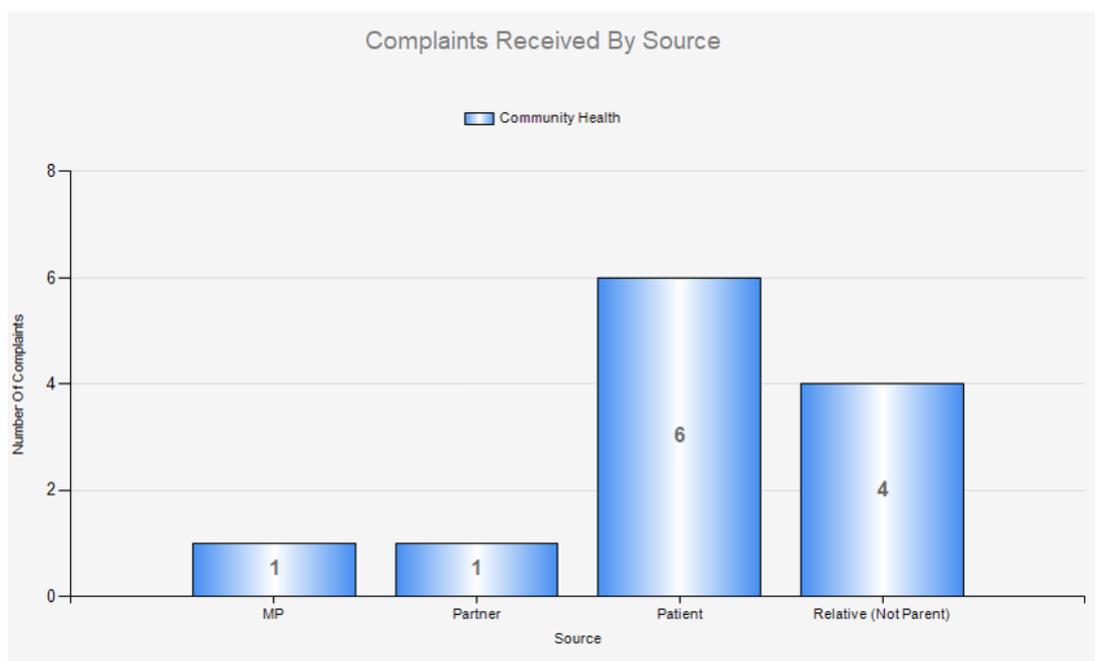


North Cumbria Podiatry Service 2019
Cumbria Health Scrutiny Committee - 7 October 2019

Reason for complaint – Access to treatment or drug is with regards being discharged from ongoing care.



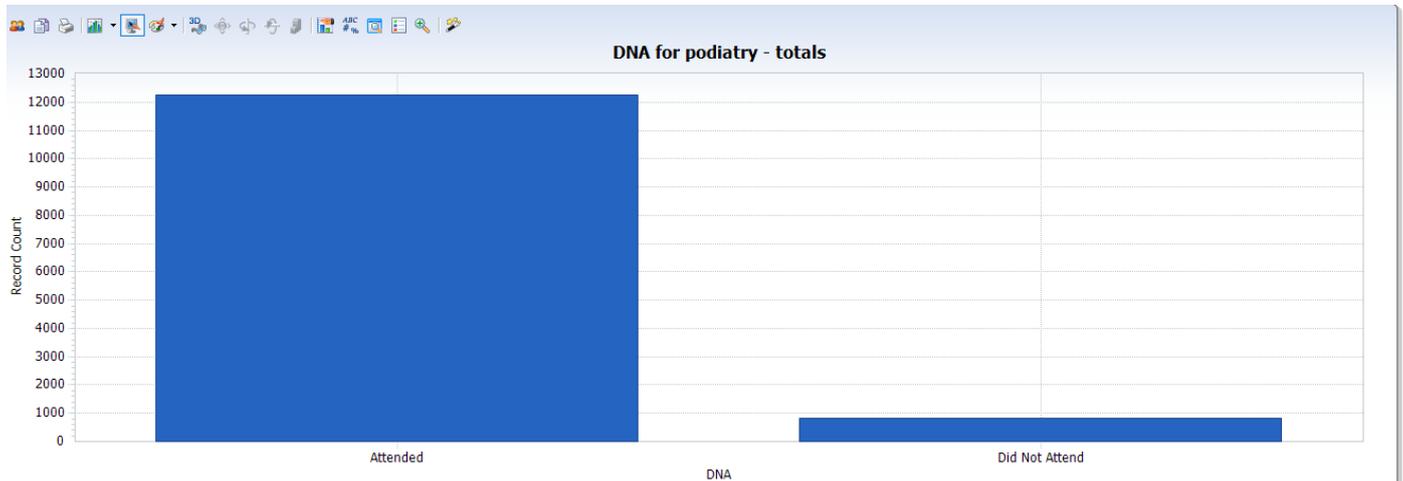
Where complaints came from.



North Cumbria Podiatry Service 2019

Cumbria Health Scrutiny Committee - 7 October 2019

The DNA (did not attend) rate from 2018 compared to 2019 over the same 6 month period was comparable. Unfortunately our system (Emis) was unable to differentiate between Copeland and Allerdale however there were 808 contacts DNA in 2018 and 800 contacts in 2019. So the pilot did not have an impact on the overall DNA rate.



Conclusion

This paper demonstrates the impact of the changes made in Copeland and outlines an effective programme of engagement as the process is rolled out in Carlisle, Eden and Allerdale. This change will enable the Podiatrist to manage complex foot problems in a more pragmatic way based on the effective strategy used and adopted as part of the Copeland pilot.

The current capacity that has been released through the pilot is supporting the heavy caseload in Allerdale, it is expected that spreading the pilot across north Cumbria will enable teams to better manage the workload and refocus the emphasis on high risk patients most in need. This will enable the team to develop focused longer appointments which are more effective to enhance patient care and allow the service to meet NICE guidance.

Zoe Larmour, CPFT, Podiatry Service
September 2019.