

WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE:

9 SEPTEMBER 2010

REPORT OF THE DIRECTOR OF PRIMARY CARE AND PROVIDER SERVICES, NHS WIRRAL

UPDATE ON PODIATRY SERVICE AND WAITING TIMES

Executive Summary

This update has been submitted at the request of the Health and Wellbeing Overview and Scrutiny Committee and covers the following aspects of Podiatry provision by NHS Wirral; Scope of Service, Referral, Access and Acceptance Criteria, Discharge Criteria, Activity and Performance Management

1 Background

- 1.1 The aim of the Community Podiatry Service is to provide equitable therapeutic interventions to people of all ages with a Podiatry need, who meet the agreed criteria for referral and treatment.
- 1.2 The service undertakes vascular, neurological and functional lower limb assessments which will determine a patient's suitability for one or more of the following clinical services;
 - Nail care.
 - Corn/Callus reduction or removal.
 - Wirral Diabetic Register (WDR) foot screenings.
 - Nail Surgery.
 - Biomechanical services (Gait analysis, provision of orthoses/insoles).
 - Footwear and foot health education.
 - Referral to the Therapies and Specialist Nursing Service.
- 1.3 This is a longstanding service which was developed for patients registered with a Wirral GP who, because of their medical condition are unable to manage their own foot care. Routine and maintenance care is provided in the community to prevent patients having to travel to hospital.
- 1.4 Podiatry assessments are available to any member of the public registered with an NHS Wirral GP.

- 1.5 Following assessment, ongoing Podiatry treatment will be provided to patients who have been diagnosed with one or more of the following conditions:
- Diabetes
 - Connective tissue disorders e.g. Rheumatoid Arthritis, Lupus, Scleroderma
 - Peripheral vascular disease (PVD) and severe circulatory diseases e.g. frostbite, chilblains, any patient with current/past ulceration
 - Peripheral neuropathy
 - Chronic obstructive airway disease
 - Parkinson's disease (poorly controlled with significant tremor)
 - Registered blind
 - Immuno-deficiency disorders
 - Terminal illness
 - Dermatological conditions whose symptoms require expert Podiatric intervention
 - Long term conditions that prevent self-care
 - Health promotion - Podiatry is involved (along with Dietetics & Heart Support) with the Wirral wide patient education programme for all newly diagnosed diabetics.
- 1.6 The service works to National Institute for Clinical Excellence (NICE) guidelines for the prevention and management of foot problems for people with type 2 diabetes. In accordance with NICE guidance, all diabetic patients registered with the Wirral Diabetic Register are offered foot screening on an annual basis. In addition to undertaking foot screenings for 'at risk' and 'high risk' diabetic patients, the service also provides training and support to enable 'low risk' patients to be seen safely within General Practice.
- 1.7 For other patient groups, future Podiatry intervention is provided on medical need and, where necessary, patients are discharged from the service once their course of treatment is complete.
- 1.8 The Podiatry Service is sensitive to the specific needs of individual patients and establishes on assessment if:
- The patient has been identified as a vulnerable adult
 - Translation services are required
 - The patient requires a specific risk assessment
 - There are any identified equality and human rights requirements
- 1.9 Community Podiatry is fully integrated with Wirral University Teaching Hospital, providing ward rounds and specialist clinical services for orthopaedic and diabetic patients. Established referral pathways exist between the community and hospital trusts providing a seamless service for those patients who require on-going Podiatry intervention in primary care following discharge from the hospital trust.

- 1.10 The Podiatry Service impacts the local health economy by improving the quality of life for patients who are unable to manage their own foot care and who would otherwise have to fund treatment themselves from a private provider. Podiatry contributes to the PCT meeting the National Service Framework (NSF) in Diabetes, Long Term Conditions and Older People. The service, by providing foot care which helps prevent/reduce infections and pain, contributes to keeping patients mobile and helps in preventing falls.
- 1.11 The service provides care in Wirral to patients' homes (if unable to access clinics) and across 10 Community clinic bases, offering a choice of venue to the patient and information on waiting times.
- 1.12 Waiting times for each community clinic are monitored on a weekly basis. Equality is maintained by providing additional clinical sessions to those clinics with the longest waiting times.

2 Referral, Access and Acceptance Criteria

Clinical Services (including referrals to Biomechanics/Orthotics)

- 2.1 The Podiatry Service operates an open referral policy and accepts written referrals from Patients, their representatives, or any other member of the multi-disciplinary team working across primary or secondary care.
- 2.2 Referrals for routine non-urgent Podiatry services are processed in date order and are allocated the first available appointment at their chosen clinic.
- 2.3 Referrals for acute/urgent assessments should be accompanied by a letter from an appropriate healthcare professional stating the reasons for referral. Urgent referrals will be prioritised and allocated an appointment as soon as possible. Depending on the nature of the referral, this appointment may be at any of the community clinics on Wirral where Podiatry services are undertaken.
- 2.4 It is the service manager's responsibility to decide whether the referral is urgent or non-urgent.

Nail Surgery

- 2.5 Referrals for nail surgery can be made on a designated 'nail surgery referral form' which will allow acute cases to be identified and prioritised. Nail surgery referrals are managed centrally by the department's administration team.
- 2.6 Nail surgery appointments are pre-allocated with patients being booked into one of four specific nail surgery clinics, with the aim of undertaking the surgical procedure immediately following a satisfactory assessment.

Therapies and Specialist Nursing Service for Nursing Homes

- 2.7 Referrals to the Therapies and Specialist Nursing Service must be made by the Nursing Home using the appropriate referral form held in their 'Nursing Home File'. This form should be faxed directly to the department's central administration point.
- 2.8 In order to access Podiatry services via the Therapies and Specialist Nursing Service, patients should be resident in a Wirral nursing home and registered for 'Nursing Care' by Wirral Social Services.

Domiciliary Services

- 2.9 Referrals for domiciliary assessments are restricted to those patients who;
- Are visited at home by their GP for their routine medical needs.
 - Require ambulance transportation for hospital visits.
- 2.10 All referrals must be in writing from a GP or District Nurse with confirmation that the patient meets the above criteria.

Referral to other Primary Care / Secondary Care / Social Care Services

- 2.11 Following initial or follow-up assessments, pathways exist to allow onward referral to other members of the multi-disciplinary team or outside agencies, in line with department, Trust and professional guidelines, policies and procedures.
- 2.12 Response times for initial and follow up appointments are dependant upon waiting times at individual community clinics.
- 2.13 The service will prioritise acute/urgent referrals where necessary and will offer these patients the first available appointment. Diabetic patients who have been categorised as 'high risk' following assessment or during a course of treatment will be actively recalled by the service for future appointments in accordance with NICE guidelines.

3 Discharge Criteria

- 3.1 The Podiatry Service operates to agreed assessment, treatment and discharge criteria. Patients suitable for discharge or whose course of treatment is complete are discharged with foot health advice and literature where appropriate. Patients are also advised how to access the service again if they experience further problems.

4 Activity and Performance Management

Key Performance Indicators (KPIs)

4.1 The following KPIs are reported on a monthly basis:

- Average waiting time for initial appointment following receipt of referral
- Average waiting time for a follow up appointment

4.2 In addition, the clinical and administrative functions of the service are monitored for performance and service quality in the following ways;

- Patient satisfaction surveys.
- Weekly audit of waiting times.
- Regular internal audit of record keeping.
- Audit of administrative functions via the Mersey Internal Audit Agency.

4.3 In addition, the service works to agreed protocols for invasive Nail Surgery procedures and adheres to the NICE guidelines for the management and safe delivery of care for patients with Type II Diabetes.

Clinical Activity and Waiting Times

4.4 The average current waiting times (based on latest figures for July 2010) for agreed KPIs are as follows;

- Average waiting time for initial appointment: 43 days
- Average waiting time for follow-up appointment: 38 days

4.5 The target for both KPIs is 50 days.

4.6 On average, the Podiatry service receives around 500 new referrals every month. This is a combined figure for routine clinical, nail surgery, nursing home and domiciliary services and during the last financial year (ending March 2010) the service completed in excess of 40,000 individual patient contacts.

5 Financial Implications

There are no implications.

6 Staffing Implications

There are no implications.

7 Equal Opportunities Implications/Health Impact Assessment

There are no implications.

8 Community Safety Implications

There are no implications.

9 Local Agenda 21 Implications

There are no implications.

10 Planning Implications

There are no implications.

11 Anti Poverty Implications

There are no implications.

12 Social Inclusion Implications

There are no implications.

13 Local Member Support Implications

There are no implications.

14 Health Implications

There are no implications.

15 Background Papers

Podiatry Services update for the Overview and Scrutiny Committee.

16 Recommendations

That the Committee notes the attached report.

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