Agenda Item No. 6

Select Committee on Good Health, 28th September 2005

Report of Head of Personnel and Support Services, Lead Officer Health Scrutiny

Dudley South PCT: Podiatry/Podiatric Services Update

Purpose of Report

1 To inform members about developments in podiatry and podiatric surgery services. A report from Dudley South PCT is attached. Representatives from Dudley South PCT will attend to give a presentation to Members and to answer questions.

Background

2 **See attached report.**

Finance

3 There are no direct financial implications arising from this report at this stage.

Law

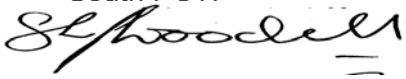
4 The relevant statutory provisions regarding the Council's Constitution are contained in Part 11 of the Local Government Act 2000, together with Regulations, Orders and Statutory Guidance issued by the Secretary of State.

Equality Impact

5 This report complies with the Council's equality and diversity policy.

Recommendation

6 Members note and comment upon the contents of the report from Dudley South PCT.



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Lead Officer for Health Scrutiny

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List of Background Papers

No Background Papers

Attachment.

Dudley South Primary Care Trust

Podiatry/ Podiatric Surgery Service Report Update

1. SERVICE ACCESS

The Podiatry service is currently available to:

- Men and women over 65 years of age;
- children 0 -18 years of age;
- people with physical and learning disabilities;
- nursing and expectant mothers;
- those with a medical condition which places them at risk without podiatry care;
- anyone requiring nail surgery;
- anyone requiring Podiatric Surgery.

Access criteria are currently under consultation. – following the clinical service review in 2004, the Professional Executive Committee of both Dudley PCTs supported the move to a needs based service as of April 2006 (See Section 7). New access criteria will be: -

1. Any person possessing a specific medically related problem identified in appendix 1.

2. Any person requiring nail surgical procedures for partial or total removal of nail to treat:
   a. Fungal infections of nails
   b. Onychocyptosis (acute ingrowing toenail)
   c. Involuted or abruptly curved nails.

3. Anyone requiring podiatric surgery.

2. SERVICE VOLUMES

June 2005: - Podiatry

Total number of new referrals to chiropody	**400**
Number of contacts	**6307**
Number of first contacts	**711***
Number of DNA's	**311**
Number of cancellations	**25**
Number of discharges (mainly due to death)	**155**
Time in weeks for new non-urgent waits – Open access clinics and recall clinics	**4**
Time in weeks for new urgent waits – open access and recall clinics	**4**
Number of emergency appointments	**77**

*recorded as E02 on FIP however will include re-assessments for codings – no way of differentiating

June 2005: - Podiatric Surgery

Total number of new referrals to podiatric surgery	**63**
Number of contacts	**177**

Number of first contacts	**17**
Number of DNA's	**7**
Number of cancellations	**1**
Number of discharges	
Time in weeks for first appointment	**20**
Time in weeks for surgery	**70**

3. RESOURCES

The podiatry service is staffed by Podiatrists (26.0 w.t.e) supported by Clerical Staff (6.8 w.t.e), Foot Care Assistant (1.2 w.t.e.), Technical Instructors (0.5 w.t.e), Chiropody Helper Driver (2.65 w.t.e) and Appliance Technicians (1.6 w.t.e).

Recruitment: The department has not encountered any problems with recruitment of professional staff. Student training placements and secondment of staff to the Birmingham School of Podiatry ensure that close links are maintained.

4. WAITING TIMES

Standard	Standard	Current wait	Comments
Urgent appointments	Within 3 working days	Standard achieved	Always given priority
Non urgent referrals for general chiropody (podiatry)	First appointment within 4 weeks	Standard achieved	Always given priority
Return appointment for 'high risk patients	Within 1 week of recommended time	Standard achieved	Always given priority
Patients attending clinics with 'open-access' appointment system	Appointment available within 10 working days	Average 35-40 working days	By re-utilising existing resources changes in the new access criteria may bring down waiting time to 30 days by end of 2005. **
Patients attending clinics with 'recall' appointment system	Appointment within 1 month of recommended return period	Average 3 months	This represents a current wait within departmental standards.
Nail Surgery	2 weeks from assessment until procedure	Standard achieved	Always given priority and additional sessions arranged according to demand
Domiciliary treatment for patients not 'high risk' – recommended treatment interval of 12 weeks	Appointment 6 weeks within Recommended return period	8-9months wait between treatments	This category of patient is unlikely to be affected by the change in access criteria by the end of 2005. Additional resources will be required to reduce to the departmental standard of 12 weeks.
Domiciliary treatment for patients classified as high risk	Appointment within 1 week of Recommended Return Time	Standard achieved	Always given priority

** As of 2006 when the access criteria become active across the whole caseload we currently have no means of knowing how patients numbers may be affected. The access criteria change will lead to the discharge of patients who currently access the service via an age criteria only with no clinical need however it will also enable patients with a clinical need who previously could not access the service to do so.

An additional investment of 3 w.t.e. Band 6 podiatrists to be highlighted in LDP monies for 2006 would reduce open access waiting times to 10 days based on current referral numbers. However room capacity at major clinic site is a problem. By staffing smaller clinic venues (i.e. Worcester Street practice, Holly hall, Wordsley Green, The Greens, Quarry bank) and encouraging patients to transfer the waiting time reduction may be possible to achieve. However there are no guarantees those patients will be willing to travel to alternative venues.

Standard	Standard	Current wait	Comments

Children's clinics	4 weeks standard wait for 1st appointment	6-8 weeks for first appointment	Improved facilities are required for in-house training and development
Biomechanical assessment	4 week standard wait for assessment	3 months for first specialist appointment	Significant increase in referral rate has led to current increase in waiting list. Currently no additional funding has been identified and the situation will worsen
Podiatric Surgery assessment	3 month standard wait for 1st appointment	5 months	Currently 87 patients awaiting first appointment
Podiatric Surgery procedure		70 weeks from assessment	Currently limited by availability and cost of operating theatre facilities. Will be addressed either through provision of theatre facilities in Brierley Hill LIFT project and future use of a major treatment room at DGOH.

5. SERVICE GAPS

Not providing a full and comprehensive chiropody service does not make sense on health or economic grounds. Prevention is better than cure.
e. If diabetic foot ulcers are not spotted and treated early, complications can set in and lead to amputation. Clearly the avoidance of amputation and the consequent physical, mental and emotional suffering is paramount. Preventative podiatry is also demonstrated to be economic with costs to the NHS of a surgical amputation, together with post-operative support and rehabilitation, being in excess of £60,000.

Even at the lower risk end of the scale there is human and economic cost. If elderly people cannot have their toe-nails cut and their corns removed, and are unable to do so themselves or have a carer help them, they suffer not only pain but also a loss of mobility and an individual's ability to remain an independent member of society. If they cannot afford private chiropody they become more dependent on social or voluntary services. Further consequences include: -

- Infected lesions requiring antibiotics, G.P intervention or hospital admission;
- painful foot lesions reducing mobility in patients where this is already compromised;
- inability to wear suitable footwear due to painful lesions. Feet not protected and prone to trauma; increased incidence of trips and falls;
- tissue breakdown and infections at pressure points due to untreated corns;
- development of infected in growing toenails;
- grossly neglected feet with thickened and deformed "rams horn " nails;
- varicose ulcers caused by catching legs on long neglected toenails;
- patient depression due to deteriorating state of feet, reduced mobility and declining independence;
- increased stress to Carers.

A properly funded podiatry service is an essential component of community/primary care provision. Failure to provide such care will cause unnecessary suffering to those affected and will be false economy.

The main service gaps are listed and have been highlighted for LDP funding in:

1. Open access response time is currently 40 working days – ideally this should be maintained at 10 working days. (For many years the "open access" system proved to be highly effective and efficient with high levels of patient satisfaction. The waiting time between patient contact and appointment was 10 working days. Patients were encouraged to take greater responsibility for their own foot health and many were able to extend the intervals between their appointments as their foot health improved.
   The patient caseload has increased substantially since the introduction of the system. Without any increase in staffing, the waiting time between contact and appointment became extended).
2. Domiciliary waiting times (for non priority patients).
3. Biomechanical assessment and treatment for patients who are not currently eligible.
4. The Podiatric Surgery waiting times for procedure are due to limited availability of operating theatre facilities. Non-recurrent funding is planned from the LDP in 2006/07 to reduce the current 70 week waiting time. The LIFT plans for Brierley Hill include provision of an operating suite, which would help to resolve these difficulties. This, together with access to a major treatment room at DGOH for invasive surgery to the bone will lead to a considerable reduction in waiting times.

   Current predictions put a value of £80,000 required for the reduction of the current surgical procedure waiting list by six months. This is solely dependent on the provision of extra theatre space.

6. DEMOGRAPHY.

People aged over 50 already outnumber children under 16 by almost two to one – some 19 million over 50s compared with 10.7 million children. By 2021, there will be more people over 80 than there are children under five. Ignoring these demographic shifts is not an option, for the podiatry service and the resultant anticipated increases in referrals.

7. SPECIFIC ACTIONS ARISING FROM CLINICAL SERVICE REVIEW.

In January 2005 the Podiatry/Chiropody service presented an options paper to the PEC of both Dudley PCTs regarding future direction, due to increasing demand on the current service. This recognised that the current age criteria to access the Podiatry service is discriminatory, having different ages for men and women to access the service, and means that podiatry is the only clinical service provided to 'well' people. Having considered the options the PEC agreed to the following change in service provision:

1. As of 1st April 2005 the age criteria for access to the service for women and men would be 65.

2. The criteria for treatment below 65 for all will be on a basis of need only and not age. This will therefore mean that all current patients on the caseload between the ages of 60 and 65 will be re-assessed by the podiatry department and discharged if they do not meet the new agreed criteria.

3. As of 1st April 2006 the service will move to a needs-led service only and the age criteria will be abolished. This will mean that all new referrals will be assessed according to need and added to or discharged from the service. In addition all current patients on the list will also be re-assessed to the new criteria of need and will be discharged if appropriate.

An additional investment of 3 w.t.e. Band 6 podiatrists at total cost £95,000 per annum to be highlighted in LDP monies for 2006 would potentially reduce open access waiting times to 10 days based on current referral patterns. However room capacity at major clinic site is a problem. By staffing smaller clinic venues (i.e. Worcester Street practice, Holly hall, Wordsley Green, The Greens, Quarry bank) and encouraging patients to transfer the waiting time reduction may be possible to achieve. However there are no guarantees those patients will be willing to travel to alternative venues.

The Access Protocol (and also a Risk Assessment Framework for clinicians use) was produced in March 2005. The protocol was sent to all GP's in the Dudley area as part of a consultation phase, and is enclosed at Appendix 2.

Specific medical related access.

Access will be available for the following classifications of patients irrespective of age classifications:

- Diabetes
- Rheumatoid Arthritis
- Severe peripheral vascular disease including raynaulds syndrome
- Blood disorders
- Neurological dysfunction

Medications affecting tissue viability

- School children with pain resulting from abnormal gait
- Physical disability of hands
- Connective tissue disorders.
- Dermatological disorders (hard skin / corns are not classified as dermatological disorders)
- Patients with hip or knee joint replacements
- Patients following joint fusion of the back and no social support.
- Patients who are registered blind
- Patients with Learning disabilities / Mental Illness
- **Patients with severe, long standing foot pathology**

Dudley South Primary Care Trust

Department of Podiatry / Chiropody

ACCESS PROTOCOL FOR ASSESSMENT

March 2005

Contents.

Section 1. Background

The following protocol is designed to assist all general practitioners and referring agents when referring patients to the department of Podiatry / Chiropody at Dudley South PCT.

As with most services, demands for Podiatry / Chiropody have always exceeded the ability to supply. The demands made on services for the future is expected to grow considerably until the year 2020.The chiropody service has now reached the point that main clinics within the borough are running at full capacity and waiting times for appointments continue to rise. Dudley South and Dudley Beacon and Castle Professional Executive Committee's have requested restrictions in terms of access. This policy is adapted from one produced by Cannock Chase PCT in 2003.

Patients do not have a 'right' to free NHS Chiropody / Podiatry treatment if they do not have an appropriate need as outlined within this document.

Section 2. Access

General.

Patients will be allowed access to assessment only. There will no expectation for further treatment given following the initial assessment. Any further treatments or patient interventions will be at the discretion of the individual Podiatrist. If a person is referred to the service and discharged at the first appointment they will not be allowed access for a further 12 months unless their general health / foot health changes (see appendices). Further access to the service will require a new GP referral. The GP will be notified via the letter of this clinical decision.

Patients will be allowed access to assessment based on the following guidance:

3. Any person may be referred but they also have to possess a specific medically related problem identified below.

4. Any person requiring nail surgical procedures for partial or total removal of nail to treat:

    a. Fungal infections of nails
    b. Onychocyptosis (acute ingrowing toenail)
    c. Involuted or abruptly curved nails.

Specific medical related access.

Access will be available for the following classifications of patients irrespective of age classifications:

- Diabetes Appendix 1
- Rheumatoid Arthritis Appendix 2
- Severe peripheral vascular disease including raynaulds syndrome Appendix 3
- Blood disorders Appendix 4
- Neurological dysfunction Appendix 5
- Medications affecting tissue viability Appendix 6
- School children with pain resulting from abnormal gait Appendix 7
- Physical disability of hands Appendix 8
- Connective tissue disorders. Appendix 9
- Dermatological disorders (hard skin / corns are not classified as dermatological disorders) Appendix 10
- Patients with hip or knee joint replacements Appendix 11
- Patients following joint fusion of the back and no social support. Appendix 12
- Patients who are registered blind Appendix 13
- Patients with Learning disabilities / Mental Illness Appendix 14
- Patients with severe, long standing foot pathology Appendix 15

Section 3. Patients who will not be treated long term / exclusion criteria.

Patients that do not fit into the specific groups outlined above. These include:

- Verrucae treatment requests.
- Expectant mothers.
- Patients who can provide self-care.
- Patients who do not comply with agreed treatment programme and who qualify for treatment under Appendix 15 only.
- Patients with social / family support who can help with care.
- Patients with small amounts of callus and corns that have no medical presentation.
- Patients with fungal infections of skin.

Section 4 - Completion of the referral form.

The referral form is relatively simple to complete but please provide us with as much medical information as possible to better enable an overall diagnostic presentation of the patients by the clinician.

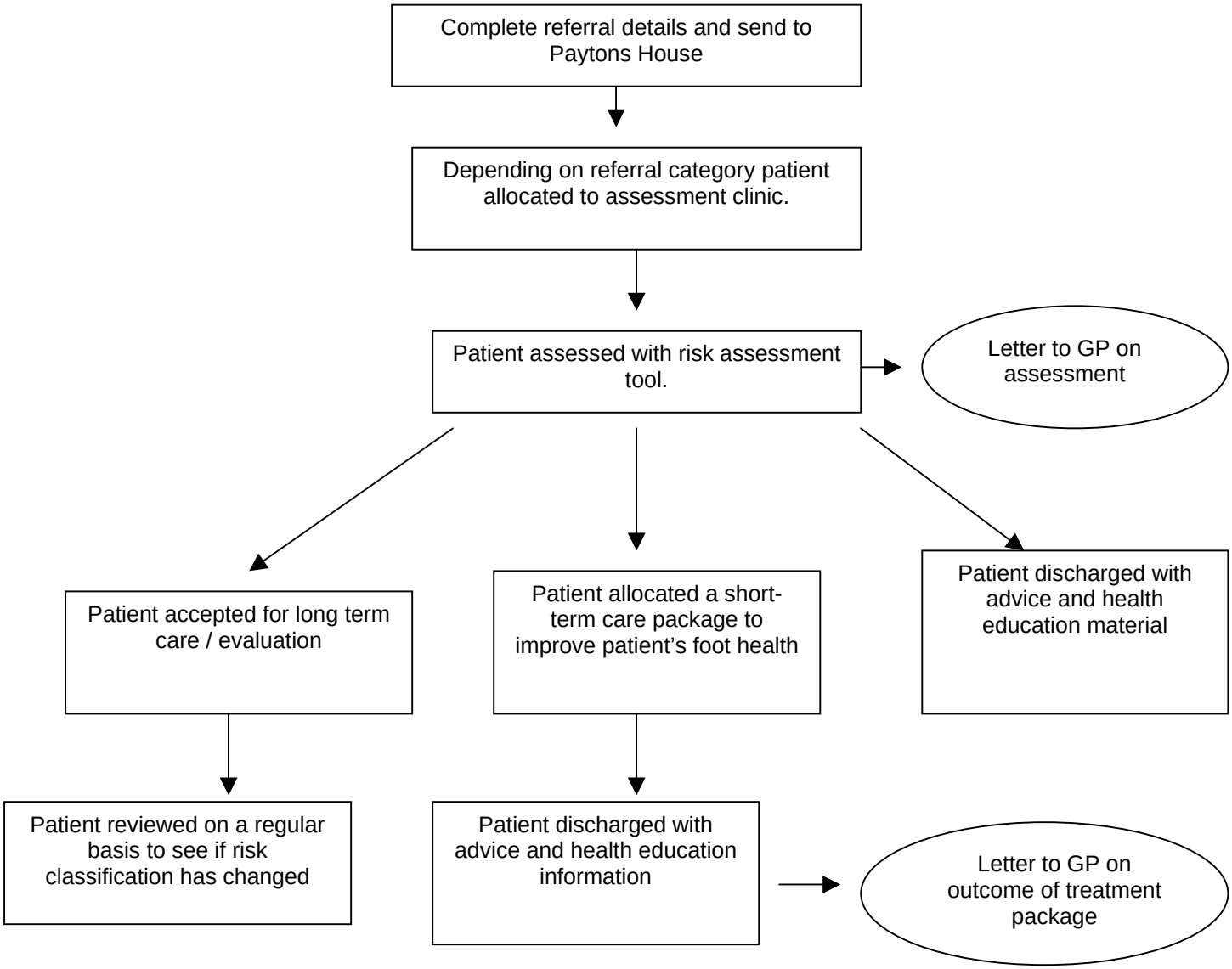
The rule of thumb is that if you cannot tick one of the criteria boxes the patient should not be referred. If there are any circumstances that are extraneous and unclear please refer by letter directly to the department outlining the reasons for referral.

What will happen if the form is not completed properly?

If the information given is incomplete or there is no indication as to why the patient has been referred to us we will return it to you with a letter stating why we cannot accept it.

We are sorry we have to do this but we do need sufficient information about the patient so that we can provide the appropriate prioritisation for the patent referred.

Section 5 - Referral Flow Chart.



Section 6. Domiciliary Visiting.

Background

The continued inappropriate referral of patients as domiciliary visits has caused great costs to be incurred by the department both in time and monies. Historically the service has not been appropriately used.

Criteria for a domiciliary visit.

Domiciliary visits will only be given to those patients who cannot physically leave their home or suffer mental illness (e.g. agoraphobia) or any other medical illness, which requires the patient to be treated at home (terminal illness, permanent oxygen etc).

The same criteria for access will be applied as for clinic patients.

As a guide, does the patient attend your surgery for consultations / prescriptions – if the answer is No then a domiciliary visit is appropriate.

Section 7. Appendices

Appendix 1- Diabetes.

Any person suffering with diabetes and foot lesions or identified complications associated with diabetes (vascular and neurological) will be allowed assessment irrespective of age. Formal foot screening programmes for all patients are carried out else where in the primary care trusts. At this annual assessment patients will be risk classified according to NICE guidelines.

Low Risk.

Meaning the patient has no vascular or neurological deficit. The patient will be offered a short-term package / treatment plan to improve foot health and educate re foot care. If there no specific foot lesions then the patient will be discharged. If on-going help is needed the return time will be at the clinician's discretion.

Medium Risk.

If it is identified that the patient has diabetes related complications, the patient will be offered further treatment at agreed intervals to maintain and monitor their foot health.

High Risk.

Dudley South employs a specialist podiatrist in Diabetes to provide expertise and intensive treatment if required. Access to this specialist service will usually be to those patients with ulcerative and pre-ulcerative foot conditions. This service compliments that offered to high-risk patients within our routine clinics. All patients in this category will be offered rapid access to the podiatry service.

Appendix 2. Rheumatoid Arthritis / Inflammatory arthritis.

Any person with rheumatoid arthritis will be allowed access.

Low Risk.

If a patient is referred for assessment we will not necessarily continue to see the patient to monitor changes. We may ask the patient, if the circulation, neurological and tissue status is good, to return to see us in 12 months time for screening purposes only. The return will be left at the individual clinician discretion or will need a new referral from the GP to gain access.

Medium Risk / High Risk.

If the patient is of higher risk (loss of fibro fatty pad, rheumatic nodules, vasculitis etc) they will be offered further treatment on a regular basis to monitor their foot health.

Appendix 3. Peripheral Vascular Disease.

Patients assessed as suffering from Peripheral Vascular Disease will be offered further treatments as necessary to monitor for changes and help minimise the risk of secondary changes due to ischaemia.

Patients will be assessed for their vascular presentation at their first assessment. The presentation will be assessed using the following criteria:

- March tolerance / rest, night pains.
- Absent / poor pedal pulses (constant or monophasic pulses using Doppler).
- Capillary refill time of more than 4 seconds.

- ABPI score of less than or equal to 0.9.

We are unable to offer ABPI screening on a regular basis.

Appendix 4. Blood Disorders.

Patients assessed / identified as having any of the disorders listed below can be referred for assessment. The main secondary problems may be clotting dysfunctions, neuropathies, haemarthropathies and higher risk due to inability to combat infection.

Examples are:

- Severe anaemia's.
- Thalassaemia.
- Sickle Cell Trait.
- Leukaemias.
- Haemophilia.

Appendix 5 - Neurological Dysfunction.

This category includes diseases such as multiple sclerosis or motor neurone disease where secondary oedema and sensory loss can place the lower limb at risk.

Appendix 6 - Medications.

Patients who are taking medication that may have secondary side effects on lower limb health or are used directly to treat conditions of lower limb health.

- Anticoagulants e.g. warfarin, heparin etc.
- Long-term steroid therapy.
- Immunosuppressive therapy.
- Peripheral vascular impairment.
- Any form of chemotherapy.

Appendix 7 - School Children under the age of 18 years.

The abnormal foot function of a child's foot can lead to various painful presentations of the foot and lower limb. We offer special paediatric podiatry services for patients in this grouping. Common complaints are:

- Achilles tendonitis.
- Heel Pain
- Joint deformities of the feet.
- Flat feet.
- Ankle pain.

- Knee pain.
- Hip pain.
- Back pain.
- Plantar fascitis.
- Poor posture.
- Various intrinsic foot pain.

Appendix 8 - Physical disability of hands.

Any patient who has very limited or no ability to use their hands for the purpose of filing nails or areas of hard skin and has no relative or carer to assist.

These conditions tend to be associated with severe arthritic disease.

Appendix 9 - Connective Tissue Disorders.

Any person who suffers with a connective tissue disorder resulting in prominence of bones / joints. This increases the risk of ulceration of an area.

This section closely relates to the Rheumatology section.

Appendix 10 - Dermatological disorders (Hard skin / corns are not classified as a dermatological disorder)

Any person who suffers from genetic dermatological presentations that affect the rate of skin production e.g. icythyosis, lichen planus etc.

Appendix 11- Patients with hip and knee replacements.

Any person who has had a joint replacement, in particular knee or hip where if the patient attempts to bend may risk dislocation of the replacement joint.

Any person who has undergone joint replacement therapy who does not have the social support from a relative or carer to cut / file nails.

Appendix 12 - Patients following joint fusions of back.

Patients who, due to back joint fusion cannot bend to their feet and have no social / carer support network to carry out care.

Appendix 13 - Patients who are registered blind.

Patients who are registered blind and have no social / carer support network to help with care.

Appendix 14 - Patients with Learning Disability.

Patients who have learning disabilities and have no social / carer support network to help with care.

Appendix 15 - Severe, long standing foot pathology.

This is the largest area where patients may be potentially sourced. Many patients present with a little hard skin and a corn or two but do not fit in any of the previous access criteria

A simple guide to use to assess the impairment of mobility as a result of the hard skin or corns.

Does the patient walk unaided into the surgery with unaffected gait, or do they limp?

Does the lesion show signs of infection?

Does the patient receive private treatment and wish to alter to the NHS?

Patients do not have a ‘right’ to free NHS Chiropody / Podiatry treatment if they do not have an appropriate need as outlined within this document.

If the patients lower limbs are in good health and there is no medical need required from the podiatrist then the patient will be discharged with advice on self care / management and other alternatives for support.