Healthwatch Gloucestershire
Task Group Report

Podiatry and Foot Care Services in Gloucestershire

September 2015

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Disclaimer: *Please note this report is not a representative portrayal of the experiences of all service users, only an account of what was observed, obtained or received by the HWG podiatry task group during its lifetime.*

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1 Introduction

Healthwatch is the local, independent consumer champion for health and social care giving patients, public, service users, their carers and families a stronger voice in how health and social care is planned and provided.

It exists in two forms: Healthwatch England (HWE) at national level, established in October 2012 and local Healthwatch, established in April 2013. Healthwatch England provides support and guidance to the 148 local Healthwatch organisations and uses evidence supplied locally to highlight issues and trends in order to inform and improve local health and social care services and influence national policy. Through the local Healthwatch network and by receiving views directly, Healthwatch England will ensure the public voice is heard by the Secretary of State for Health, the Care Quality Commission (CQC), NHS England, Monitor and local authorities in England.

A key role for local Healthwatch is to promote local voices, particularly the seldom heard. It does so by gathering the views and experiences of patients and the public and providing feedback to the commissioners and providers of these services and other bodies including Healthwatch England, NHS England, Monitor, CQC, the Health & Care Overview and Scrutiny Committee (HCOSC) and the Health and Wellbeing Board (HWB).

The Healthwatch Gloucestershire (HWG) Podiatry Task Group was formed to review the services available for podiatry and foot care and to report back its findings. The structure of this report is presented as follows:

- Section 2 provides an executive summary including an outline of the recommendations regarding podiatry and foot care provision in Gloucestershire
- Section 3 describes how the task group was created and conducted and the processes used for gathering information
- Section 4 sets out the research carried out to gather evidence from commissioners, providers and service users
- Section 5 makes conclusions about current podiatry provision based on the key findings
- Section 6 sets out the recommendations of the HWG Podiatry Task Group for improving podiatry provision in Gloucestershire

2 Executive summary

In June 2014, HWG set up a task group to review podiatry and foot care services in Gloucestershire, taking into account the views of patients, carers and other members of the public in order to identify issues and make recommendations to the commissioners and providers to improve service user experience.

The primary concerns for Podiatry users, raised by users of HWG services and investigated over the last year by the task group, related to:

- Patient confusion about the difference between Podiatry and foot care
- Lack of basic NHS foot care services in for those with social/age related needs
- Choice and affordability of private foot care services when not eligible for NHS treatment
- Difficulties making telephone appointments
- Long waits for initial assessment or between appointments
- Communication issues between Podiatry patients and Orthotics services
- Health risks for Diabetics and vulnerable people when foot health declines/is not attended to

Taking into account all the evidence gathered alongside the key findings, the Podiatry Task Group makes the following conclusions and recommendations:

Conclusions

1 Overall satisfaction with Podiatry services in Gloucestershire is good however general foot care services are in high demand and in low supply. Some people experience long waits from referral to assessment at their first appointment

2 Early intervention/preventative foot care is needed and there are best practice models available in the UK for delivering services in partnership with NHS services

3 Patient information lacks clarity about access to general foot care services and eligibility criteria for treatment within the NHS

4 Booking systems have improved enormously, patients are reporting fewer difficulties making appointments and SystmOne allows for closer monitoring by Gloucestershire Care Services (GCS)

5 A lack of admin support at some Podiatry clinics has a negative impact on both the patient's experience and the Podiatrists workload

6 Diabetics receive annual foot care checks and are very complimentary about the service provided. Not all Diabetics will receive free foot care as part of their treatment.

7 Patients using Podiatry and Orthotics services are affected by poor communication between services and conflicting diagnosis. There are no quality standards in relation to Orthotics and service experience for patients needs improving.

8 Care home residents need foot care as part of their basic package of care. There is also demand for a home care service

9 Private foot care services are unaffordable for some people or of limited availability in some areas of the county. The Voluntary and Community sector are providing affordable options in rural communities

Recommendations

1 A co-ordinated approach in the commissioning of safe and effective early intervention foot care (GCCG and GCC)

2 Consider an increase in the number of podiatrists to meet the demand generated by a growing older population (GCCG)

3 Provide additional administrative support, particularly in busier clinics (GCS)

4 Undertake a patient awareness and education campaign to manage expectations and inform (GCCG and GCS)

5 Introduce Diabetic Multi-disciplinary foot care teams (GCCG)

6 Review Orthotic provision in the county to prevent confusion and delays in treatment (GCCG)

7 Provide more effective foot care in care homes (GCC)

(Further details of the recommendations can be found in Section 6.)

3 Methodology

Creation of the task group

In 2009, HWG's predecessor Gloucestershire Local Involvement Network (LINk) convened a task group to look at podiatry services locally and in August 2010 a report was produced with conclusions and recommendations. The report was then sent to the commissioners and providers of the service for response.

The report and responses can be found at http://bit.ly/LINKReport2010

HWG replaced LINk on 1st April 2013 and as part of its legacy recommendations, set up a task group to review podiatry services in Gloucestershire.

The task group was set up in June 2014. The Terms of Reference agreed by the HWG board outlined the following aims:

- To review podiatry and foot care in Gloucestershire, taking into account the views of patients, carers and other members of the public
- To identify issues and make recommendations to the commissioners and providers to improve service user experience
- To ensure that the patient is at the centre of the whole process

See Appendix 1 for the full Terms of Reference.

The Task Group members

The podiatry task group was made up of 11 HWG members, all with experience and knowledge of podiatry services and chaired by a member of the HWG board. One member also represented Gloucester Diabetes Group.

The meetings and speakers

A total of 12 task group meetings were held between June 2014 and March 2015. Speakers from partner organisations were invited to attend in order to provide information, including Gloucestershire Care Services NHS Trust (GCS) (who outlined current podiatry provision in the county), Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT), the Independent Health Complaints Advocacy Service SEAP (Support, Empower, Advocate and Promote) and Gloucestershire County Council (GCC). The General Manager for Trauma and Orthopaedics from GHNHSFT was unable to attend due to transfer to a new post at GCCG so a Request for Information was sent outlining the information required (RFI 3, Section 4.8).

See Section 4.4 for details of the talks.

Review of policies

The task group obtained current policies and procedures from all relevant commissioners and providers of podiatry services locally and also reviewed national policies, guidelines and other relevant reports. Members looked at changes in provision over the last five years and the practical response of commissioners and providers to the recommendations made in the 2010 LINk report. The group then compared the policies in place against actual patient experience to identify gaps in quality and provision and suggest areas for improvement or change.

See Sections 4.2 and 4.3.

Patient and public feedback

Between April 2013 and March 2015, HWG gathered 89 comments relating to podiatry services through community engagement activity and calls to the HWG information helpline.

In September 2014, a number of Gloucestershire Village and Community Agents were invited to attend a workshop to discuss issues experienced by the older people to whom they provide information and support. Intelligence was gathered at this workshop for the three HWG task groups, including podiatry.

See Section 4.5.

Requests for Information (RFIs)

HWG uses the RFI process to gather information to inform decision-making about next steps and ensure research carried out by the task group is rigorous, accurate and documented. Organisations receiving an RFI have a statutory duty to respond within 20 working days. It is not a Freedom of Information request.

The task group submitted six formal Requests for Information to commissioners and providers of podiatry and foot care services to clarify understanding of policy and practice or ask specific questions.

See Section 4.8.

The HWG podiatry survey

In autumn 2014, HWG circulated a survey developed by the task group to current podiatry service users to assess satisfaction levels with the appointment booking process and the availability and quality of services. Hard copies of the survey were made available at 12 podiatry clinics, to Gloucester Diabetes Group members and upon request from HWG or Village and Community Agents. Details of the online version of the survey were circulated via social media networks and parish magazines, emailed to HWG members and GP practice managers and promoted by Village and Community Agents at lunch clubs, as well as being printed in hard copy.

See Section 4.7.

'Enter and View'

'Enter and View' is a power that can be used by local Healthwatch to gather information that cannot easily be obtained in any other way. There must be a clear reason for carrying out an 'Enter and View' fact finding visit, based on evidence of need gathered elsewhere.

'Enter and View' is one of a range of tools available to local Healthwatch for gathering information and monitoring the quality of services, to be used when appropriate to support an agreed purpose. It is neither a last resort nor a first choice option'.

(HWG 'Enter and View' Policy, April 2015) ***http://bit.ly/HWGEnterandView2015***

'Enter and View' visits were discussed at length by the task group, taking into account the findings of the HWG podiatry survey and other evidence obtained. In January 2015 it was concluded that it was not necessary to undertake 'Enter and View' visits.

Constraints

1. The General Manager for Trauma and Orthopaedics was due to leave GHNHSFT creating an interim gap in knowledge/experience of the issues raised by orthotics patients. An RFI was submitted and responded to before she left but her explanation of orthotics services "*provided by different Trusts who co-operatively procure the orthotic contract"* caused further confusion and generated an RFI to GCCG. GCCG's response confirmed the task group's understanding that ''*GCCG commissions all orthotics services from GHNHSFT*".
2. The results of the HWG podiatry survey captured a sample of experiences of existing patients. It does not include the views of people who are not using the podiatry service due to lack of information/awareness, a presumed ineligibility for foot care services or difficulties getting through to make appointments – all issues raised in comments shared with HWG by members of the public through community engagement activity and calls to the HWG information helpline.

4 Evidence gathering

4.1 Background: LINk report review

The LINk report (2010) made five recommendations for improving podiatry provision in Gloucestershire:

- Expanding the 'Best Foot Forward' scheme as a jointly commissioned countywide foot care service
- Training practice nurses to include foot assessments as part of diabetic checks
- Improving systems for making appointments and enabling patients to self-refer
- Access to podiatry services on long-stay wards in hospital
- More comprehensible patient information leaflets

In the five years since the LINk report the task group found that:

- The 'Best Foot Forward' scheme is no longer available and foot care is only provided to patients with a medical/podiatric need
- Diabetic foot assessments are being carried out
- Some improvements have been made to the booking/self-referral system
- In-patients who meet the medical/podiatric need are receiving foot care in hospital
- Patient information leaflets and the GCS website are under review

HWG patient feedback in June 2014 when the task group work commenced suggested the key issues for podiatry service users were:

- **Patient confusion** about the difference between podiatry (which covers any painful foot conditions or mobility problems related to a foot/ankle condition) and foot care (the basic tasks a person should be able to carry out for themselves). Toe nail cutting no longer exists within the NHS unless there is a medical/podiatry need and patients are confused about how this is determined.
- **Access to general foot care services** – lack of NHS provision for those with a social/age/health related need as opposed to a medical/podiatry need.
- **Access to information** – patients are unclear about what is/isn't available on the NHS and what the alternative options are e.g. private foot care services.
- **Making appointments** - difficulty getting through on the phone and a lack of awareness and confusion about which number to call or the alternative self-referral process.
- **Long waits** for an initial assessment or between appointments.
- **Issues for diabetics** – foot care is included in annual reviews for diabetics but they are not automatically recalled; the onus is the patient to book.
- **The cost of foot care** when not eligible for NHS Podiatry. Paying for private foot care services is prohibitive for some people especially those who are older and on limited incomes.
- **Access to joined up services** – difficulties for patients requiring both GCS podiatry services and GHNHSFT orthotics services.

4.2 National policies, guidelines and reports

The task group reviewed the following:

Department of Health: ***Foot care – foot care services for older people: a resource pack for commissioners and providers*****. 2009.** http://bit.ly/DOHFootcare2009

A guide defining what foot care is, why it is important and the role that early and regular foot care services have in preventing serious health problems, particularly in older people. It outlines the risk of lost independence and self-confidence as a result of painful foot problems and impaired mobility and falls for people who can no longer attend to their own feet and don't have an NHS foot care service locally to help them. It offers five potential models of safe and effective foot care provision and includes several cases studies including:

- Sheffield PCT Podiatry Empowerment Project (Appendix 10) which was introduced to relieve pressure on the NHS and manage a waiting list of 2,500 patients by empowering suitable low-risk low-needs patients to self-care instead of automatically providing care through the podiatry service. As a result the waiting list was eliminated within four months and there was improved satisfaction with the podiatry service among patients, carers and GPs.
- A foot care service commissioned by Westminster PCT, delivered by trained foot care assistants who are supervised by registered podiatrists and have easy access to qualified staff where clinical needs change beyond their scope of practice.

"It makes sound financial sense to invest in relatively low-cost, low-level services in order to prevent the need to provide more costly treatments at an acute stage."

Department of Health: ***Achieving age equality in health and social care: NHS practice guide*****. 2010.** http://bit.ly/DoHAchievingAgeEquality2010

Outlines the need for commissioners to ensure older people have equitable access to basic foot care. States that the provision of NHS foot care services does not meet the need and that there is evidence for the cost-effectiveness of foot care services. Asserts that improving access to foot care services improves quality of life and helps to identify and mitigate health risks at the earliest stage.

"Foot care services are important for wellbeing and continued mobility in older people but foot problems are given low priority in the NHS and foot care services appear to be under-resourced which affects older people disproportionately."

Department of Health: ***Operational guidance to the NHS: extending patient choice of provider*****. 2011.** http://bit.ly/DoHPatientChoice2011

Provides guidance to commissioners and providers on implementing the Government's commitment to extend patient choice of provider. It is based on the coalition Government's white paper *Equality and Excellence: liberating the NHS* and outlines the core values and

principles of the NHS: a comprehensive service, available to all, free at the point of use, based on need not ability to pay. States that the Government introduced measures to enhance competition in the healthcare sector, with a view to encouraging a wider range of providers and that podiatry was one of eight services to be opened to the 'Any Qualified Provider' (AQP) scheme in 2012/13, enabling providers from the private sector to compete for NHS contracts; importantly, the scheme was focused on the provision of non-specialist general podiatry.

"By choice of AQP we mean that when patients are referred for a particular service, they should be able to choose from a list of qualified providers who meet NHS service quality requirements, prices and normal contractual obligations."

"The qualification process will ensure that all providers offer safe, good quality care, taking account of the relevant professional standards in clinical services areas."

"Our goal is to enable patients to choose any qualified provider where this will result in better care."

Diabetes UK: ***Putting Feet First: the national minimum skills framework for commissioning of foot care services for people with diabetes*****. Revised 2011.**
http://bit.ly/DiabetesUKSkillsFramework2011

States that over 3 million adults in England have diabetes (diagnosed or undiagnosed) and that disease of the foot remains a major threat to people with diabetes. Talks about how the 'Putting Feet First' campaign advocates the need for an integrated foot care pathway to ensure the right treatment at the right time in the right place is received, the need to educate people with diabetes and their carers about how to look after their feet and the risk of poor management of foot health.

Explains how the skills framework helps local service providers to deliver high quality foot care services for people with diabetes and defines the services to which each person with diabetes should have access for both prevention and treatment of foot disease. The skills framework defines the constitution and responsibilities of the teams necessary to provide these services: the Foot Protections Team (FPT) has a primary role to play in prevention and the Multi-disciplinary Foot care Team (MDFT) which should co-ordinate the management of all new disease; the FPT and MDFT must work closely together to ensure pathways of care provide a prompt and effective response.

"Disease of the foot is estimated to account for 20 per cent of the total cost of diabetes care in UK. There are 70 amputations a week, of which 80 per cent are potentially preventable."

Diabetes UK: ***Putting Feet First - fast track for a foot attack: reducing amputations*****. 2013.**
http://bit.ly/DiabetesUKFootAttack2013

States that each week in England there are around 120 amputations in people with diabetes and that the majority of diabetes-related amputations are caused by a "foot attack" – a foot ulcer or

infection failing to heal; when people with a foot attack get rapid access for treatment by a specialist multi-disciplinary foot care team (MDFT) this has been shown to promote faster healing and fewer amputations, saving money and lives.

Sets out key recommendations for GCCGs in England including establishing multi-disciplinary foot care teams to manage the care pathway of patients with diabetic foot problems who require in-patient care.

It provides a web link giving details of a foot care pathway published by Diabetes UK which supports NICE guidance and has been agreed by organisations of diabetologists, podiatrists, people with diabetes and other experts:

http://www.diabetes.org.uk/Documents/Professionals/Education%20and%20skills/Foot care-pathway.0212.pdf

"Over £119 million is spent each year in England on diabetes-related amputations. It is projected that there will be over 7,000 diabetes related amputations in England by 2014/15 if urgent action is not taken to reduce these. Only 50 per cent of people with diabetes who have an amputation survive for two years. The relative likelihood of death within five years following amputation is greater than for colon, prostate and breast cancer. Amputations have been reduced by over 50% where hospitals have introduced multi-disciplinary foot care teams and promoted rapid access to them. In addition, through the reduction of costly amputations, such teams can save over four times their cost"

"Improving diabetes foot care and reducing amputations saves lives and saves money. It also impacts considerably on health outcomes and all five domains of the NHS Commissioning Board by:
- ***preventing people from dying prematurely***
- ***enhancing quality of life for people with a long-term condition***
- ***helping people recover from episodes of ill health or injury***
- ***ensuring a positive experience of care***
- ***protecting people from avoidable harm''***

Diabetes UK in Partnership with the NHS: ***Putting Feet First – commissioning specialist services for the management and prevention of diabetic foot disease in hospitals.*** **2009.** **http://bit.ly/DiabetesUKFootAttack2013**

States that diabetes is a serious condition that can lead to complications including heart disease, stroke, kidney failure, blindness and amputation and that the delivery of safe, clinically effective and person-centred care is an essential part of achieving the aspirations of the NHS Next Stage Review. Adds that one in three people with diabetes do not realise that having the condition puts them more at risk of having an amputation.

Describes how specialist services for the management and prevention of diabetic foot disease should be adopted by all hospitals providing emergency medical care and that hospitals which lack such services should have a local development and implementation plan in place to ensure that any diabetic foot disease is managed optimally in every patient admitted to their care. Includes a clear pathway of care for those admitted to hospital with active foot disease and for

prevention of the onset of new foot disease in patients admitted for unrelated reasons.

"It is reported that up to 100 people a week in the UK have a limb amputated as a result of diabetes. People at highest risk are those who have a previous history of ulcers, neuropathy or nerve damage and circulatory problems. Foot ulcers and other changes need to be assessed as soon as possible by an expert team. The longer they are left untreated, the greater the risk of deterioration and loss of the limb, with all the resultant adverse effects on mobility, disfigurement, mood and independence."

Department of Health - *The Care Act*. 2014. http://bit.ly/TheCareAct2014

From 1st April 2015 there is a duty on local authorities to provide information about services that prevent, reduce or delay the development of care and support needs. The Care Act reforms the way in which adult social care and support is provided and financed and aims to put people in control of their care, with the support they need to enhance their wellbeing and improve their connections to family, friends and community. A lack of information and access to general foot care services would impact these outcomes for some people.

"It is critical to the vision of the Care Act that the care and support system works to actively promote wellbeing and independence and does not just wait to respond when people reach a crisis point."

Guidance for Care Homes http://www.gcpa.co.uk/

The Gloucestershire Care Providers Association Business Co-ordinator was contacted regarding protocols for care providers. He said he was not aware of any national guidelines but provided the following information:

- He said that foot care within a care home is a local setting agreement and organised by the home itself and local foot care providers.
- Two examples were provided of local care homes who arrange for a private chiropodist to visit every four to six weeks as part of their 'Duty of Care' to residents. The charge is passed on to the resident if foot care is classed as a 'non-nursing need', regardless of whether the resident is self-funded or funded through the local authority. If a resident has a 'nursing/medical need' for podiatry, a referral is made to the NHS podiatry service. Both homes stated that staff will not provide basic foot care e.g. toe nail cutting.
- The website address for the W & P Assessment & Training Centre was provided - www.wandptraining.co.uk. This organisation supplies comprehensive care training courses for care/nursing/residential homes and domiciliary settings. The website includes guidelines about providing foot care based on medical conditions (see Appendix 8).

The Journal of Foot and Ankle Research: ***The impact of workforce redesign policies on role boundaries in 'generalist' podiatry practice: expert views within the professional body.*** **2014.** http://bit.ly/Research_roleboundaries2014

The views of 61 expert podiatry practitioners, shared through focus groups and interviews, forms the basis of this study. Three key themes emerged, reflecting concerns about the future of generalist podiatry practice in the NHS, a perceived likelihood that generalist care will move towards private sector provision and a growth in support worker grades undermining the position of generalist practice. It says that questions arise about the future role for generalist practitioners in the provision of foot care services in the NHS. It also forecasts a projected gap of 4,500 podiatrists to manage the current podiatry caseload in the UK.

"An emphasis on enhanced and specialist roles in podiatry by NHS commissioners and profession alike may threaten the sustainability of generalist podiatry provision in state funded NHS. Non-specialist general podiatry may increasingly become the province of the private sector."

"Podiatrists in general practice already delegate certain lower tasks to assistant grades, a common practice among health professionals."

Skills for health - working paper series: ***The Healthcare Support workforce: a case for ongoing development and investment.*** **2014.** http://bit.ly/HealtcareSupportWorkforce2014

This paper advocates training healthcare assistants to take the strain off podiatrists. The paper explores the extent to which better utilisation of support workers can contribute to greater efficiency, reduction in costs and improvements to the quality of services.

It includes a case study (Appendix 9) relating to South Birmingham NHS who identified the need for routine nail care after *"discharging more than 4,000 patients from its podiatry service who simply required their nails cutting"*. The Trust worked with Birmingham Metropolitan College to devise a training course for nail carers with the aim of producing qualified nail carers who would work independently from the NHS and whose clients would book and pay for the service themselves. In November 2013 a new Level 2 Award Nail Cutting and Care qualification was introduced in England and Wales, and to date (at the time of the case study) more than 120 people have completed the qualification. People such as nurses, beauticians and pharmacy technicians have now been able to add Nail Caring as an extra qualification into their current role and independent Nail Carers have set up their own businesses. Waiting times for people needing podiatry services have subsequently dropped and podiatrists can now focus on higher risk, more complex cases. GPs can now make direct referrals to accredited nail carers, saving time and money and acting as a preventative measure for mobility issues and falls caused by poor toe nail care.

The paper also emphasises the importance of administrative staff:

"There is a role for administrative functions to improve the co-ordination of care in an increasingly complex health care environment."

National Orthotics Campaign. www.orthoticscampaign.org.uk

The campaign is run by a group of service users and health professionals who believe that NHS Orthotics provision in England needs radical reform. The website describes how patients are waiting for months to obtain correct orthotic devices and that where these patients are children this means devices can be outgrown almost as soon as they arrive. It says that slow orthotics provision not only compromises the wellbeing of patients but also wastes tax payers' money.

"Good orthotics care can help mobility, prevent deformity, prevent amputation, reduce the need for orthopaedic surgery and prevent/reduce dependency on a wheelchair. For every £1 spent on orthotics the NHS saves £4 elsewhere" quoted on the campaign website from '*Orthotic Service in the NHS: improving service provision* 2009'

N.B. HW Staffordshire escalated issues raised by the campaign to HW England who commissioned a review – see below.

Healthwatch England. ***Improving the quality of orthotics services in England: a round table event*. March 2015.** *(Interim papers only available to HW offices)*

A round table discussion of orthotics services in England, bringing together commissioners, service users, professional associations and clinical leads. Discussions focused on barriers to effective local commissioning and solutions to address these, case studies of effective commissioning and service model and workforce planning issues. NHS England asked commissioners and NICE for their views on the current lack of any quality standards in relation to orthotics services. A full report of the conclusions and findings will be available summer 2015.

Healthwatch England Social Media discussion forum - *Yammer chat regarding podiatry/orthotics related work in other Healthwatch areas*. October 2014. *(Yammer is a social media network used by HW offices to discuss shared issues)*

One other HW team had raised issues relating to access to podiatry services for diabetics as many do not meet the high criteria for free podiatry. The local Community Services Trust has introduced a fee-paying service which is cheaper than private providers but is still expensive for people on low incomes. The Trust has agreed to look at opening another clinic in a part of the county where transport is poor and the local HW team will become involved in their service review. Update June 2015: the threshold for access to NHS podiatry has been clarified, improving access for some people. The revised policy is awaiting ratification by the GCCG. The opening of a new fee-paying clinic in one part of the county has not happened for a variety of reasons including a major move of services to a new lead provider.

Also see earlier reference to HW Staffordshire's work with the National Orthotics campaign.

Guardian newspaper – *Future of the NHS workforce: from nail cutters to doctors' assistants*. 24th February 2015. http://bit.ly/Nailcuttersneeded2015

"The creation of nail care assistants, for example, has helped reduce the waiting times for podiatry appointments from two years to six weeks. Nobody sees nail cutting as a big thing but 30% of the over-65s can't cut their own toe nails – that's 2.7 million people."

BBC online news article - *Foot-care failure 'causes misery'*. 19th August 2007. http://news.bbc.co.uk/1/hi/health/6950259.stm

An article reporting the launch of the Age Concern "Feet for Purpose" campaign.

"Older people are being left housebound and disabled by a lack of NHS foot-care services in England, Age Concern says. It cites Office for National Statistics figures from 2001 suggesting a third of over-65s cannot cut their own toe-nails and struggle to access NHS services. Some are even trying to cut their nails with gardening shears, the charity said as it launched a campaign on the issue."

4.3 Local policies and guidelines

The task group reviewed the following:

Gloucestershire Care Services: *Podiatry Service website*. http://bit.ly/GPSwebsite

The GCS website provides information about what podiatry is, what services are included, how to see a podiatrist, podiatric surgery, services for people with a medical need (e.g. diabetics) and the footwear service. States that foot care for social reasons does not exist within the NHS.

"Podiatry covers any painful foot conditions or mobility problem related to a foot/ankle condition and especially those complicated by conditions such as diabetes or arthritis. However, NHS podiatry does not include simple nail cutting for social reasons (e.g. just because the patient cannot reach)."

Gloucestershire Podiatry Services: *Podiatry referral guidelines – briefing note from the Head of Podiatry to staff*. 2008. *(Internal document provided by Gloucestershire Podiatry Service.)*

States that referrals to the podiatry service are accepted from any health and social care staff or via self-referral by the patient. Explains that there are specific specialist podiatry services that are GP referral only such as podiatric surgery, podiatric practitioner, minor surgery and domiciliary visiting.

States that acceptance for treatment to all podiatry services is on the basis of medical and/or podiatry need and that when it is not clear that the patient has either of these needs the podiatry service will ask for further information from a healthcare professional (usually GP). "The commonest reason for this would be a patient attempting to gain access to podiatry stating

they were a pensioner and entitled to the service but with no obvious medical/podiatry need."

"For patients who are not eligible for NHS podiatry there are a number of care pathways that can be offered. This may include referral to 'social' foot care services which are provided by various other agencies. Unfortunately they are not available in all parts of the county."

Gloucestershire Podiatry Services: ***Individual management plan: policy and user guide.*** **2010.** *(Internal document provided by Gloucestershire Podiatry Service.)*

Outlines use of the Hounslow and Spelthorne model for assessing eligibility, together with an objective scoring method. It is used as a tool by podiatrists and completed when podiatric intervention is required and outlines the following policy:

"All individuals who are referred to Podiatry Services will be assessed to determine which pathway of care is indicated. The assessment will consist of:

a) Questioning to determine the presenting problem and expected outcome

b) Review of medical status

c) Vascular and neurological examination

d) Biomechanical examination (if required)

e) Footwear evaluation

f) Evaluation of social circumstances (married, carer, reach feet)

g) ***Diagnosis"***

Gloucestershire Podiatry Service: ***Personal toe nail care on the wards at Cheltenham General and Gloucestershire Royal Hospital: all you need to know.*** **2013**

Provides guidance for healthcare providers about assessing need and providing basic nail care safely or referring on to the podiatry service. Details what the podiatry service specifically offers and provides general information for showing patients how to look after their feet and carry out basic foot care.

"In Gloucestershire foot care services have changed dramatically over the last few years. NHS foot care provision is now based on medical/or podiatry needs. The traditional chiropody service role of just cutting peoples toe nails no longer exists."

Gloucestershire Care Services: ***Podiatry service patient information leaflets****. (Copies provided by Gloucestershire Podiatry Service.)*

- What to expect at your podiatry assessment, 2011
- How to look after your feet, 2011
- Care of the neuropathic foot, 2010
- The musculoskeletal clinical assessment and treatment
- Gloucestershire podiatry service referral form

N.B. the leaflet 'Eligibility criteria for NHS podiatry services' (2007) is no longer in use.

Gloucestershire Care Services: ***Your Feedback Counts survey*****, 2014**

Sample copy of the 'friends and family' survey used to gather feedback from patients.

The task group discussed the format of this survey with the GCS Patient Experience Team when developing the HWG podiatry survey in autumn 2014.

Gloucestershire Hospitals NHS Foundation Trust: ***Policy on the provision of orthoses for adults and children*****. (Adults' policy June 2012, Children's policy October 2011)** *(Internal document provided by GHNHSFT)*

"There is an agreed patient allowance. Patients are entitled to free orthoses as per this policy. If the patient requires or wishes to have orthoses above the agreed entitlement the patient can purchase this at an extra cost."

"Adaptations, the following will apply: a maximum of three pairs of shoes and one pair of insoles can be adapted in the first year and one pair in subsequent years."

"Bespoke footwear (NHS provision), the following criteria will apply: one pair of footwear will be issued initially and a second pair after satisfaction with the first pair."

Gloucestershire County Council: ***Intimate personal care and clinical tasks document*****. 2011.** http://bit.ly/GCCPersonalCare2011

Outlines the social care policy in relation to all aspects of personal care including nail care.

"Foot care should be treated with caution. A risk assessment must be completed to see if the service user is suitable and only staff who have received training from the NHS Gloucestershire Podiatry Service should undertake the task of cutting toe nails or using a pumice or file on dry skin. If there are needs in excess of basic foot care, the person should be referred to the podiatry service of NHS Gloucestershire."

4.4 Specialist talks by service providers

Gloucestershire Care Services – 7th July 2014

The Head of Gloucestershire Podiatry Service attended the second meeting of the task group to give a presentation and answer questions about current provision that had been emailed in advance. Through his responses to these and to additional concerns subsequently raised by task group members he was able to clarify:

- the difference between podiatry and foot care
- the changes to the provision of toe nail cutting services since the LINk report (and why general foot care is not available to all patients using podiatry services)
- the circumstances in which foot care is available on the NHS and who can provide chiropody services privately (further clarification of the eligibility criteria was provided following the meeting - see RFI 1, Section 4.8)
- what support is available through GPs to meet demand for general foot care
- how children transition to adult services and the 'open' referral process
- the difference between the podiatry footwear service and the orthotics service
- the current appointment booking process, including making follow-up appointments

The Head of the Podiatry Service also responded to general concerns about inadequate patient information, difficulties accessing appointments by telephone and issues raised in case study examples from task group members.

The task group learned that:

- the GCS Podiatry Service does not provide toe nail cutting services in the community
- foot care is defined by the Department of Health as *"a set of tasks that a healthy adult, whatever their age, would normally do for themselves. When this becomes difficult for an older person to do for themselves, their family, friends or carers may choose to do it for them"*.
- GP practices do not provide foot care services but some offer foot care clinics to operate privately from the GP practice. The NHS podiatry service provide training for practice nurses in terms of assessing and advising 'at risk' feet particularly for diabetics.
- Paediatric Podiatry is part of the countywide podiatry service. Children seen by one of the two specialist paediatric podiatrists receive a smooth handover of care to adult services.
- The GCS Podiatry Service has an in-house orthotics laboratory for providing and fitting insoles/orthoses for adults and children. The Podiatry Service also provides a footwear service; this is only available for adults.
- Patient information leaflets and the podiatry service website are under review.

- Issues with the appointment booking system are the largest area of complaint for the podiatry service. Demand for appointments outstrips the number of people available to answer the calls (at the time of the presentation).
- New patient referrals are triaged by a clinician. Follow-up appointments are made for 'at risk' patients. If treatment is not urgent an 'open' appointment is offered and the patient contacts the podiatry service when they need an appointment.
- Decisions regarding the availability of NHS foot care are made by GCCG.

"The public perception is that foot care is part of podiatry provision. The Society of Chiropodists and Podiatrists, who represent both NHS and private podiatry, would describe podiatry as covering all aspects of foot care. However, most NHS podiatry services do not provide foot care that does not have an associated 'medical' or 'podiatric' need. In Gloucestershire anyone with basic foot care needs without medical/podiatric needs would not be eligible for NHS treatment and would be signposted to other service providers."

In response to case study example:

"I won't deny that it can be difficult to obtain an appointment exactly when you want one. There are a number of reasons for this:

1. ***Demand for the service far outstrips the supply of appointments.***
2. ***Because of the 'at risk' nature of our caseload we do not know what is coming through the door each day.***
3. ***We only release appointments six weeks in advance in order to manage the complexity of our caseload and it is difficult to predict so far in advance what categories of appointments we may require e.g. number of new and follow-up appointments for a wide range of specialities (MSK, Diabetes, At Risk, Paediatrics, Rheumatology, Minor Surgery.)"***

(Head of Podiatry, July 2014)

See Appendices 2a and 2b.

SEAP, Independent Health Complaints Advocacy Service – 27th October 2014

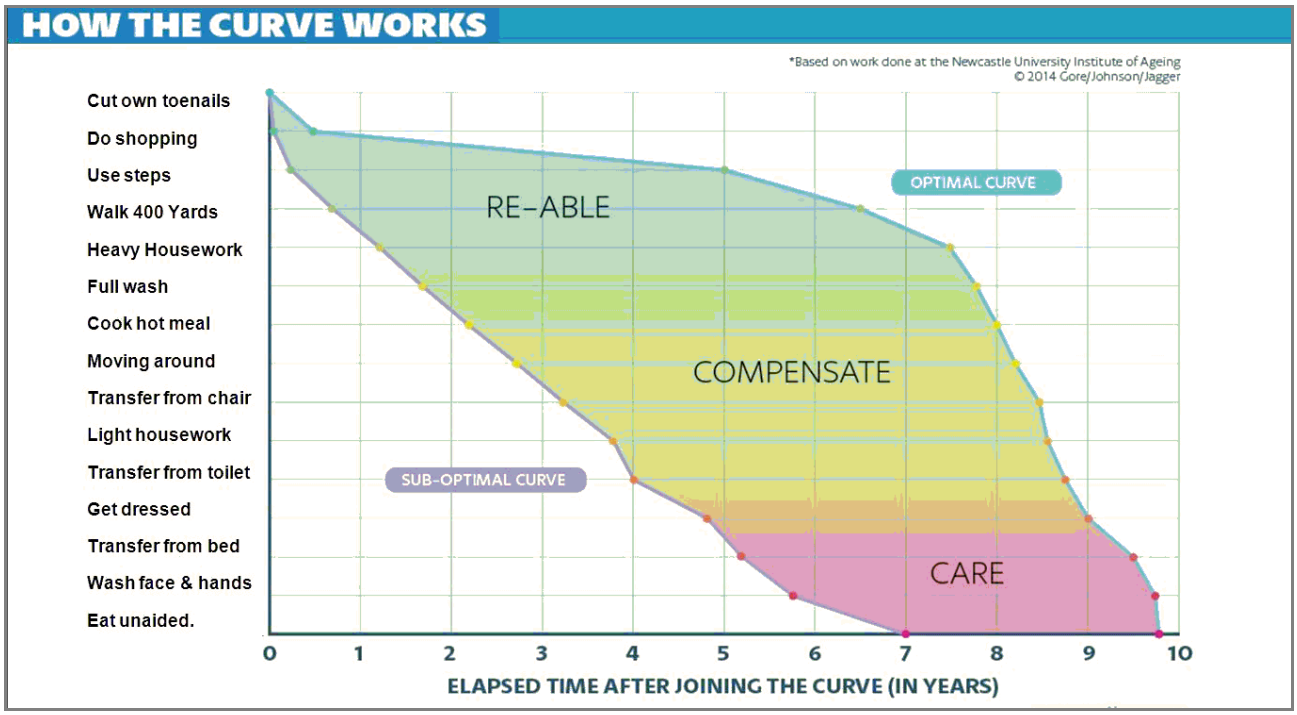
SEAP provides a free, independent advocacy service to Gloucestershire residents who want to make a complaint about any aspect of NHS care, including treatment in a private hospital or care home that is funded by the NHS. The Gloucestershire SEAP Advocate was invited to talk to the task group about the general process of providing support to people making a complaint and to share details of any podiatry related issues. He shared details of two orthotics-related case studies with the group. In the first case an incorrect diagnosis by an NHS consultant could have resulted in crippling damage to a child. In the second case the complaint was about the attitude of staff and incorrect application of policy.

Gloucestershire County Council, Care Act Workstream lead on Early Intervention and Prevention – 30th March 2015

The Workstream Lead for prevention and early intervention spoke to the task group about the introduction of the new Care Act and the duty placed on councils to 'prevent, reduce or delay the need for our services for all our residents'. The Care Act refers to 'the earliest possible intervention' and reaching the entire population.

The talk focused on the importance of helping people to help themselves and cited foot care as an example of a low level intervention that can impact greatly on quality of life.

Health and social care services should be in the business of 'Pre-abling, re-abling and compensating' and reference was made to ADL Smartcare's research at Newcastle University's Institute of Ageing (http://www.ncl.ac.uk/ageing/about/story/interviews/gore.htm) which includes a 'Curve of Life' graph that can be used as a tool to aid preventative work (see below). The University's researchers found a defined sequence of events that can mark the decline in mobility/quality of life which begins with being unable to reach your shoelaces and ends with being unable to feed yourself. They found that the tasks listed on the vertical axis of the graph were found to always appear in this order of decline. Without the right support (sub-optimal curve), average life expectancy from the initial point of decline when someone can no longer cut their toe nails is 7-10 years. In Gloucestershire the average time spent in care at the end of life, when help to move, wash and eat is needed, is 3-5 years compared to an average of 18-22 months nationally.



The talk concluded that it is far better to delay entry into care for as long as possible where other support can be provided and to spend a minimal amount of time in care. When someone has difficulty cutting their toe nails due to spinal issues they may not be able to walk, and where toe nail cutting is not available a patient's ability to walk may then hinder their physio treatment. Emphasis was placed on the importance of podiatry in re-ablement support and slowing the decline. In some cases the use of active services to re-able can result in someone

going back up the curve of life. For example, equipment can sometimes be used to compensate for lost ability e.g. walking sticks, zimmers or the re-ablement of someone in a wheelchair.

"A key message is that for 95% of people their last 10 years of life will be a decline and in the order of that curve (starting with not being able to cut their own toe nails), but with variable speed depending on appropriate intervention. Which means podiatry is more important than many people think."

(GCC Care Act Workstream Lead, March 2015)

4.5 HWG patient and public feedback

Between April 2013 and March 2015, HWG gathered 89 comments relating to podiatry services through community engagement activity, calls to the HWG information helpline and feedback from task group members (Appendix 3).

The task group identified the following five themes in June 2014 as the focus for their review, based on comments received between April 2013 and March 2014. Please note that the comments quoted below are provided as illustrative examples rather than constituting a comprehensive list of all comments received on these themes.

- **Lack of basic NHS foot care services**

"My GP sent me to Hester's Way podiatry clinic as I have a job cutting my toe nails. I got there and they told me they do not cut toe nails. I had to pay privately to get them done."

"I've been left to do my own dressings, which aren't supplied, on my big toes. I can't get to the chiropodist because I'm not considered ill enough. I need help to cut my toes because I have a bad back."

- **Difficulties making appointments**

"I've rung the podiatry number repeatedly to try and cancel tomorrow's appointment as it clashes with an endoscopy appointment, but there's no reply."

"To make an appointment for podiatry at Tewkesbury Hospital you have to phone an 01242 number. It's always engaged no matter what time you ring. I'm not sure why I have to phone Cheltenham for a Tewkesbury service."

- **Difficulties faced by Podiatry users needing Orthotics services**

"I'm not happy with the orthotics department at Gloucestershire Royal. It takes ages to make simple changes to the orthotic. Staff knowledge of orthotics is not consistent. The building is poorly located for people with mobility problems."

- **Choice of private foot care services if not eligible for NHS Podiatry treatment**

"I work in the Podiatry Department of Cirencester Hospital and there are lots of calls for people who need their nails cutting. We have to tell them to pay privately."

"I have now gone privately for my feet as the waiting list at Gloucestershire Royal for podiatry is not acceptable."

- **Issues for diabetics/vulnerable people**

"Why is it impossible to book annual diabetic podiatry appointments 6 weeks in advance?"

"People who can't clip their own toe nails because they have Parkinson's, arthritis, back problems etc. could do with some help but the podiatry department doesn't have the resources to help them. If a diabetic just nicks the skin they risk infection and losing their toe. We need a Podiatry service on the NHS or a subsidised service for people on low incomes." Diabetic nurse

In September 2014, a number of the Gloucestershire Village and Community Agents were invited to attend a workshop to discuss issues experienced by the older people to whom they provide information and support. Intelligence was gathered at this workshop for the three HWG task groups including podiatry (Appendix 4). The comments offered the following insights regarding the need for/access to podiatry services:

- Payment as a barrier to basic foot care if not eligible for NHS treatment
- Mobility as a barrier to attending appointments outside the home particularly if transport is needed
- Long waits resulting in prolonged pain/restricted mobility or choosing private foot care services in order to avoid that
- Lack of understanding about what services are available – e.g. not toe nail cutting, eligibility criteria, being able to self-refer
- Cross border issues impacting treatment

4.6 Patient stories

Case studies were received from task group members or people contacting the HWG information helpline.

Patient story 1 – diabetic patient in need of minor surgery

(client called HWG 10/09/14 after pre-surgery assessment appointment)

"I've been waiting since May to get my toe nails sorted out, I can hardly walk. I used to have regular appointments until two years ago because I'm diabetic, then they said my feet were fine. I've got ingrown toe nails now and can't cut them myself. I got an appointment at Beeches Green and they said to book an appointment for toe nail surgery with the receptionist on the way out."

(27/10/14 follow-up call by HWG)

"When I went to the clinic yesterday they said I wasn't booked in. I didn't think to ring and check - I didn't have a letter but I thought that was because I'd booked it in person last time I was there (the girl wrote the date on my leaflet). I know mistakes are made, it's one of those things but my daughter wasn't happy as she'd had to get time off work to take me and I've been putting off other hospital appointments while I wait to sort my feet out. They were very sorry for my trouble and I'm booked in now for 1st December. I hope it doesn't get any colder, I'm wearing flip flops as it's too painful to wear shoes. That's still a long time away isn't it? I thought diabetics got seen quicker."

(17/11/14 follow-up call by HWG having made referral to PALS)

"Thank you for calling, I hope filling in the podiatry survey helps someone else. There must be someone worse off than me to be waiting this long. The lady from PALS called me, she was very nice and explained it all but can't do anything about making the appointment sooner. I'm on the cancellation list – I will just wait, wait, wait like everyone else, I'm glad I'm not poorly with it. It's painful wearing shoes, worst at night time in bed actually, but I can bear it."

(23/12/14 follow-up call by HWG following surgery)

"I'm glad I've had it done, it's been three weeks now, they said it would be six to eight weeks before I'd be properly healed. I'm wearing socks and flip flops, I can't put boots on, it's alright because it's been mild. It would have been better to have had it on 27th October because I'd be better by now, but never mind. I hope another older person doesn't have to wait as long, they might not be as well as me. I've not had a letter about going back, I'll need to see someone in January. They asked me to go on New Year's Eve but I can't do that day so they said they'd send a letter with a new date, I'll phone them up today."

Feedback from GCS PALS regarding this case:

"The client was advised to contact the podiatry service in late October to book her surgery because she was going on holiday Sept/Oct. If she'd had the surgery prior to her holiday it would not have healed enough for her to be comfortable while she was away. An appointment on 27th October and a follow-up appointment for 29th October was discussed with the receptionist and handwritten on her podiatry booklet. She didn't receive an appointment letter for this date. We are unsure what happened at this point, but on reflection it would certainly have been better if our podiatrist had made that appointment for her for 27th October and for this we do apologise. The client now has

an appointment for 1st December, the earliest surgical appointment available and a follow-up dressing appointment for 3rd December – with her agreement she has also been put on the cancellation list. She has received correspondence about these two appointments, and will contact PALS if she has any further difficulties. The first referral we received for the client from her daughter was in June (she may have called previously in May and then been sent the referral form to complete). The client is not clinically assessed to be an 'at-risk' Diabetic with regard to her podiatry needs."

Patient story 2 – issues obtaining Paediatric Orthotics (June 2014)

"My son has Ehlers Danlos Syndrome and Autism Spectrum Disorder, originally diagnosed with EDS at age 13 by the community paediatrician. He is now 18. He has had heel pain since he was a toddler and we have had great difficulty in getting this recognised, let alone finding out why. He also has weak pronating ankles. We were referred to physio who referred us to orthotics twice to get insoles once when he was younger where we saw a Gloucestershire NHS orthotist privately, and later when my son was a teenager where we attended the clinic at Cirencester hospital. Although the orthotists in both cases were happy to arrange for insoles, they refused to help us find suitable boots to put them in. We were told to just buy something off the high street and if we couldn't to let them know at the next appointment. This was not the first time we had been told this by orthotics. We had previously seen an orthotist in another county who continually said the same. When we went to the follow-up appointment to get the insoles and explained that we hadn't been able to find any suitable boots in any of the shops on the high street or over the internet we were not given any additional help to find boots. At a further appointment at the Cirencester clinic we asked again for help with suitable footwear, we were told to get Converse canvas trainers for the summer. We bought some, my son found that the ankle was too big (he has narrow heels and ankles) and they were never worn. We were then referred to a podiatrist, also at Cirencester, because of the ongoing unresolved calcaneal pain. One of the first things that they said was that the Converse trainers were a waste of money as they would never offer ankle support. The podiatrist said that the boots he was wearing were unsuitable, but was not able to prescribe suitable boots or tell us how to get them from orthotics. I then went to the GP who wrote a letter to the orthotics asking him to do something. We also saw another podiatrist who also wrote a more strongly worded letter. The orthotist read the GP letter but made no effort to discuss boots, so I showed them the letter from the second podiatrist which hadn't been sent directly to him but to our GP, and they immediately took measurements for boots without further discussion. Finally at age 16, having started on this path at age 9, my son had suitable supportive ankle boots that immediately made a difference to his pain levels in his ankles and feet. The podiatrists have been wonderful but it seems they can't prescribe boots. Nor can the GP. It seems only the orthotists can. They consistently refused to do so until letters of support were received from both a podiatrist and the GP. We felt that orthotics weren't taking us seriously, and refused to actually take in that my son had narrow ankles for which boots on the high street were unsuitable. My son has been left feeling that no one ever listens to him. The orthotist repeatedly told us that the boots he was wearing were not suitable but made no attempt to tell us how to find suitable boots or how to get the proper referral to allow them to prescribe suitable boots. I was willing to pay full price for the boots, but because I my son's foot problems I needed a professional to measure his feet. I could have saved the NHS £175 if they had just taken a few minutes to measure my

son's feet and fill out the prescription form for me."

Patient story 3 – lifelong podiatry/orthotics user experiencing logistical and personal issues. (June 2014)

Issues with communication

"As a long term podiatry user I think my experience would be improved if the services I access for my toes (podiatry) and ankles (orthotics) were joined up. I find it frustrating when I'm told by the podiatrist I need a referral to orthotics and then I'm told by orthotics I need something the podiatry service can provide."

Access to foot care

"I can't cut my toe nails myself because of a problem with my back so my mum does it for me. When she's ill I have to pay a private chiropodist."

Making appointments

"I see the podiatrist at Rikenel but I have to call GRH to make the appointment. If it's longer than three months between appointments I have to self-refer again. I never know which number to call (two different numbers are listed) so I just ring the switchboard at GRH which is an easy number to remember and ask to be put through to podiatry."

Patient story 4 - obtaining orthotics/insoles **(October 2014 and ongoing)**

"My husband eventually got an appointment with the orthotist at GRH after the GP wrote another referral letter (he was incorrectly told the podiatrist could transfer him causing a four week delay). The first question he asked was "are you sure you can't get shoes through podiatry?". The orthotist agreed to order the shoes and said it would take six weeks to get a prototype, then three to four weeks to get the shoes. After that time when he returned to collect the shoes the receptionist told him he should have waited for a letter to confirm the shoes were there. He felt she was rude and unhelpful as he's previously picked up shoes after an agreed time. Two weeks later they were still not in and he was told they were now missing and he'd have a call updating him. A week later he called again as he'd heard nothing (being chased up with supplier as still not received). When he asked why no-one calls him and he has to do all the chasing he was told it was due to confidentiality and not leaving details in an answerphone message that could be picked up by someone else. He didn't feel this was a valid reason as they could at least try as he might have been at home and if he wasn't, could have just asked him to return the call. While he's been waiting for his shoes he's been having to wear sandals which don't provide the right support for him.

My husband needs a toughened sole on his shoes and has a rise on one foot. Last time he took them to be re-soled he was told they were too dirty and needed to be taken home and cleaned. He only had this pair of shoes so not as easy as it sounds. We would be happy to buy our own shoes to speed up the process if we could find somewhere suitable but the problem is getting the right measurements from the orthotist to order them and then adapting them. He needs to be able to

insert an AFO and silicones and has the heel built up. The silicones he wears to stop his foot hammering are made by the podiatry service and help to stop his foot dropping and keep it at the right angle. He has no strength in his foot, all the bones in his toes splay, he can't feel his feet, has no sensation in them, so if they are rubbing he doesn't know until he takes his shoes off. He has hereditary motor sensory neuropathy called Sharkomarietooth syndrome."

Patient story 5 – difficulties and delays experienced making a first appointment (March 2014)

"Following a period of acute pain in one foot I went to my local surgery and was diagnosed with Plantar Fasciitis and it was suggested to me that I make an appointment with the podiatry service. I sought this online and was surprised to find that I could download a form to apply for an appointment but to submit it I had to post it through surface mail. This seemed like a very half-hearted adoption of 20th century web technology and very inefficient in comparison to a 21st century approach. In response to the form I gave several clinic sites as feasible for me to attend as I have a car. However, matters only worsened. I had no response to the form I submitted but carried on self-treating, practising the exercises recommended to me by my GP. I sought advice on the web which reaffirmed and added to the exercises given. I also responded to advice from that source to purchase deep insoles for my shoes to reduce the impact on my heels from walking. The source of this information was NHS Direct and a private site: Patient.co.uk. (N.B. the former site no longer operates – but this was the one I was inclined to trust as no vested interests were apparent.) Surprisingly, after a somewhat ludicrous delay of about two and a half months I received information about a podiatry appointment – out of the blue! However, this appointment required a further wait of about a month. I attended this appointment. I was struck at the time by the high proportion of the appointment time that was spent by the practitioner completing details (essentially a questionnaire) on a laptop which I could have completed online in advance. His attention was to his laptop rather than me. This was followed by some examination of my feet and my walking and the podiatrist set-to to cobble together a home-made pair of insoles, starting with commercial ones and then building them up in the bridge area with some hand cut patches of a resilient foam. These I tried but they seemed critically uncomfortable, however I went along with the advice I was given to try them out. At home I tried them again – the way they changed my balance made them unusable – I would not have been safe walking in them and they caused pain. So I abandoned them and continued my self-treatment as above which, after a further eighteen months has led to the problem largely dissipating."

Patient story 6 – a model for accessing foot care in the community (October 2014)

"For the last 10 years a private chiropodist has been providing foot care services to Lydcare clients every six weeks. Older people attending the Joys Green lunch club in the Forest of Dean pay £11 each to have their toe nails cut/receive basic foot care. The chiropodist is available from 10.30am to 12.00pm and sees seven to eight people in that time. If members can't make it to the club he will visit them at home (the charge may be slightly different)."

4.7 Survey by questionnaire

In autumn 2014, HWG circulated a survey developed by the task group to current podiatry service users to assess satisfaction levels with the appointment booking process and the availability and quality of services.

The survey was live for six weeks and 140 questionnaires were completed (62% in hard copy and 38% online). 17 Podiatry clinics were represented across all six districts. 89% of respondents were aged 50+ and 31% were diabetic.

The survey contained 10 questions and focused on patient satisfaction with regard to four key areas: the booking process, attending a podiatry appointment, obtaining a follow-up appointment and information obtained or received about NHS podiatry services. Patients were given the opportunity to share positive experiences as well suggest improvements. (see results in Appendix 5c)

Key findings

71% of respondents were fully satisfied with all aspects of the podiatry service (as outlined above), 23% were not satisfied with at least one aspect and 2% were not satisfied with any aspect. Satisfaction levels with the individual aspects ranged from 85% to 92%.

Many compliments were received about the service in general and the positive attitude of the staff, e.g.

"I cannot praise NHS Podiatry Services enough. They were absolutely the most caring and considerate team I have ever dealt with and at the same time very professional."

The four most common concerns emerging from the survey were as follows (the comments below are provided as illustrative examples and do not constitute the full list of comments received in the survey in relation to these concerns):

- **Lack of toe nail cutting services particularly for older people who cannot reach their feet**

"I've only ever had one appointment as I was told I'm not entitled to it even though I'm now 78 years old. I would appreciate the service as I have great difficulty in reaching my toes!"

- **Lack of information/clarity about what is available and roles within the service**

"I didn't realise there were these services available until told about it by a friend. I wonder what other services are available. My GP didn't think anything could be done for my bunions."

"A leaflet at the beginning giving options or possibilities and who is responsible for what would be useful. For example I have shoes from one place and insoles from another."

- **Orthotics-related issues (links with podiatry, delays obtaining or ill-fitting orthotics)**

"I had my previous special insoles made through the orthotics department and had severe pain in my right foot. The podiatrist was able to tell me that the insole was the cause of the problem and arrange a new pair of insoles."

- **A long wait between appointments, the process of changing appointments and issues with follow-on appointments** especially for regular users, and not being able to arrange follow-on appointments at the time of their current appointment or directly with the podiatrist. Responses to a question in the survey about making a follow-up appointment seemed inconsistent, with some people saying they could book a follow-up appointment in advance at the time of their current appointment and some people saying they could not; it was not clear whether this was a system or a staff issue but it may relate to the urgency of the appointment needed with regard to 'at risk' health conditions as described by the speaker from GCS (Section 4.4).

"It would be better to advance book the next 6-month check on the computer rather than leaving it to the individual to remember to phone for an appointment. Mine would be Feb 2015, my 2014 calendar ends 31/12/14. Therein lies the problem."

"I did not want another appointment. I was told at the time I could just ask if I needed more insoles, but when I went to ask I was told I had to go through the procedure again and make an appointment."

Other areas of concern included:

- Difficulties getting through on the phone when booking appointments
- Waiting a long time to receive an appointment date
- Reception/admin arrangements at some clinics e.g. lack of receptionist available
- Lack of clarity on how to access services, especially self-referral
- The special needs of diabetics in relation to foot care
- The need for an NHS home podiatry service

4.8 Requests for Information (RFIs)

The task group submitted six formal Requests for Information to commissioners and providers of podiatry and foot care services to clarify understanding of policy and practice or ask specific questions.

A summary of the requests and responses is provided below (requests are in bold).

RFI 1

GCS – 9th July 2014

1. **What is the eligibility criteria for accessing podiatry services?**

10 documents were provided showing the development of the current assessment criteria after the introduction of the scoring system in 2000. The podiatry referral guidelines and policy were provided as well as referral triage, referral forms and patient information leaflets explaining the assessment of medical/podiatry need at the first appointment (Section 4.3).

2. **Is the podiatry service planning to undertake a review and if so what are the timescales and what will the focus be?**

"The Podiatry review mentioned in the GCS presentation (Section 4.4) *was in reference to continual internal efforts to improve processes/transparency and was in the same context as comments about updating/reviewing leaflets and the website. There is no formal GCS review planned - the last formal review of podiatry services was in 1999/2000 by the then commissioners, Gloucestershire Health Authority. There are currently reviews of pathways that involve podiatry happening with the GCCG e.g. MSK and diabetes."*

RFI 2

GCS – 22nd September 2014

1. **What progress is being made in Gloucestershire to implement multi-disciplinary foot care teams as recommended by Diabetes UK (Putting Feet First campaign)?**

"We are working with the CCG and GHNHSFT to understand how we might ensure we have MDFT situated in the Hospitals Trust because at present they do not formally exist. This has been recognised by the relevant local organisations and the SW Diabetes Peer review scheme. We are currently collaborating across primary care, community care and secondary care with a diabetes amputation audit to better understand the current pathway for patients with diabetes who experience a lower limb amputation. The audit is underway and we are currently in the data collection phase. The setting up of an acute MDFT is very complex as it involves getting a number of professions and organisations to work together. This has been made more complex following the review of the vascular service in the county and centralising of the vascular and diabetes services onto the Cheltenham General site. We have a diabetes foot care sub-group (sub-group to countywide diabetes programme board) that has representation from all relevant professions/organisations which is led by the CCG. Please be assured we are aware of the Diabetes UK recommendations and that a collaborative approach is being taken to address these local issues."

2. **Has any progress been made with updating the podiatry service patient information leaflets and website for the task group to evaluate?**

"Delays due to reorganisation within the comms team. We could start the ball rolling with HWG without our comms team and enclose two leaflets ['What to expect at your podiatry assessment' and 'How to look after your feet', Section 4.3] *which are currently in use and require updating. Any comments on language used and whether they are understandable would be most welcome. Presentational comments would also be helpful because a few diagrams/pictures may aid understanding? Thank you for your continued support."*

RFI 3

GHNHSFT – 27th October 2014

1. **What is the referral pathway for the orthotics service, i.e. GP, podiatry, other health professional?**

"Referrals are received directly from the GP, podiatrists, Allied Healthcare professionals and consultants. There is an approved signatory list which applies to podiatry and Allied Healthcare professionals, agreed with department heads."

2. **How are orthotics and podiatry services joined up to address the patients overall package of needs when services are provided by different Trusts?**

"If a patient has been referred into orthotics and requires podiatry services the orthotist discusses and redirects the patient onto the podiatry service. If a patient's footwear requires minor adaption the orthotist will use the workroom within the podiatry department. The podiatry department provides an element of crossover with regard to orthotics and will dispense a limited number of orthoses to patients. Both services are provided by different Trusts, who co-operatively procure the orthotic contract which serves the population of Gloucestershire."

3. **Why does orthotics sit within the Acute Trust while podiatry comes under GCS?**

"Orthotics provides a service for a large number of other specialities aside from podiatry, including many inpatients within the acute trust. The reason why two different organisations run each service is based on history. There are a number of community clinics which occur for both the Trust and GCS. These are managed within the joint orthotic contract between the Trust and GCS. The same orthotists undertake these clinics along with the acute Trust's clinics. There is a patient allowance agreed policy which is adhered to within all these clinics."

4. **How does the system address the ongoing need of the patient? i.e. open referrals, not having to start again when needing replacement shoes**

"If a patient requires to be seen again an open appointment is given, this is up to six months. However if a patient requires a replacement orthoses or repair this can be undertaken. Although if the patient has not had any orthotic treatment within a two year period a new referral will need to be made from the original referral to ensure orthotic treatment remains the correct choice of treatment for the patient's condition."

5. **What is the eligibility criteria for obtaining free footwear through the orthotics service?**

"There is an agreed patient allowance. Patients are entitled to free orthoses as per this policy. If the patient requires or wishes to have orthoses above the agreed entitlement the patient can purchase this at an extra cost. The patient is informed of the extra cost and payment is received before the orthoses is ordered."

6. **Can GPs draw on orthotics services in the same way they can for podiatry and is there a cost?**

"GPs can refer directly into orthotics. The patient can be seen in any number of clinics either at the acute hospital or within a community clinic. The clinic can be either a Trust or GCS clinic. If the GP wished to make funds available to buy orthotic services this could be arranged. There would be an additional charge."

7. **Is access to orthotics at GRH suitable for disabled users? (comment provided re difficulties experienced)**

"The service relocated a number of years ago to larger premises which also serve, pre-assessment, Severn Dialysis and the Orchard day unit within the acute Trust in GRH. Initially disabled parking was an issue, however following feedback from patients it was recognised that the number of disabled parking spaces needed to be increased, and this was done."

8. **The General Manager for Trauma and Orthopaedics was asked to comment on a task group member's experience** (Patient Story 2, Section 4.6)

"As you can imagine without specific patient details and the original referral it is very difficult to answer the case study in detail. However if a patient is referred to orthotics for insoles we would not normally provide footwear unless the referrer asked the orthotist to consider footwear or the orthotist deemed it clinically necessary for the patient to receive orthotic footwear. If there is any discrepancy the orthotist often speaks with the original referrer. The orthotist would never recommend Converse trainers as a treatment option. It is unclear from the case study if the patient saw a number of orthotists and podiatrists from within GCS or the Trust or indeed out-of-county professionals."

RFI 4

GCS – 20th November 2014

Request to outline the steps involved in the booking process, for both the client making the call and the staff member receiving it including:

- **the location that the call comes into and who answers the phone**
- **what staff do to action the booking request for the caller**
- **what steps/issues there are for staff, that the caller may not be aware of, to then book the appointment**

"We've also received concerns about the booking process and looking to resolve issues. 'SystmOne', the new countywide IT system, is being introduced and will create a single point of contact for all podiatry clinics. Initially contributing to some of the issues experienced by patients, we now believe these are resolved. There are different processes for making new and follow up appointments."

Copies of SystmOne process maps were provided.

See Appendix 6 for full details of the processes.

RFI 5

GCS – 3rd December 2014

1. **Two examples provided by HWG of difficulties making appointments for January 2015. Is this a generic issue caused by staff scheduling over the New Year period or is the booking system still not functioning effectively?**

"I am sorry to hear two members experienced difficulties - this was due to a number of factors, some beyond our control, including final confirmation from staff about their availability. We also had to put in place complex arrangements for cover to ensure each locality had availability for emergency and 'high risk' patients while maintaining countywide coverage. We also had to anticipate demand for new referrals."

A copy of the Christmas staffing schedule was provided.

2. **Statistics request for the number of appointments taking place at each clinic per annum; patient flow through each clinic; and the number of podiatrists per clinic**

"This data is not readily available due to the complex nature of podiatry appointment scheduling which changes month to month dependent on clinical needs and demand for different types of referral. During 2014 GPS was using three different computer systems which make data comparisons difficult. Therefore I have manually extracted details of January 2015 appointments from SystmOne providing the data as requested. Please note that the clinics do not all operate on every day of the month and the number of staff per site is a maximum."

See Appendix 7.

RFI 6

GCCG, 11/12/14

Regarding the provision of orthotics/podiatry across two Trusts GHNHSFT said "*Both services are provided by different Trusts, who co-operatively procure the orthotic contract which serves the population of Gloucestershire.*" (RFI 3)

1. **What is the reason for procuring the service across two Trusts?**

"This service is not procured across two Trusts. GCCG currently commissions all orthotics services from GHNHSFT. The orthotics service provides equipment and devices for all body parts which support services in the Acute Trust, as well as supporting podiatry (and physiotherapy) services run by GCS. Under a separate agreement with a third party equipment provider there is a relationship between GCS and GHNHSFT for the provision of orthotic devices/equipment when required. However, where it is deemed an orthotic assessment is required, the input is provided by orthotists, under the management of GHNHSFT. Responsibility for the provision of that equipment and the delivery of the service rests solely with GHNHSFT.

We are currently in the process of reviewing the orthotics service and are aware of the ongoing issues with regards to complications between providers. As part of this process we will be scrutinising how these services should be delivered. GCCG has also identified issues within the MSKCAT (GCS's MSK Interface) podiatry service with reference to equipment provision. In some instances the referral from MSKCAT into the orthotics service is purely for equipment and does not need an assessment by the orthotist. For these patients we are currently in the process of finalising a resolution which will enable them to receive equipment directly from the MSKCAT podiatrists. GCS have assured the GCCG that no such issue exists within the podiatry service. No patient should be referred from podiatry to GHNHSFT orthotics for anything other than orthotic assessment/intervention. The MSKCAT service is available for more complex podiatry issues where there is diagnostic uncertainty and where podiatrist-issued orthotic devices may be required."

2. **Does the Orthotics Lead have sufficient authority across both Trusts to ensure the service is delivered effectively?**

"As explained above, GHNHSFT are not managing services offered by GCS, but are supporting them with equipment provision where appropriate. Patients referred to the orthotics service for orthotist skills/equipment that cannot be provided by GCS should remain under the care of the orthotists for assessment, fitting and review. Delivering the orthotics service will involve an element of integration and joint working between the two Trusts. However, the working relationship between podiatry and orthotics should be no different than the relationship between physiotherapy and orthotics, rheumatology and orthotics or orthopaedics and orthotics, for example."

5 Conclusions

1. General foot care and podiatry services

Overall satisfaction with services in Gloucestershire is good for patients who are in the system and are eligible for NHS podiatry services. However for those residents not meeting the NHS eligibility criteria, access to/information about alternative foot care options is limited and this can lead to delays in finding appropriate treatment.

There is a dis-connect between what national policy says should be available and what is actually commissioned at local level. The core values and principles of the NHS, *"a comprehensive service, available to all, free at the point of use, based on need not ability to pay"* are not reflected in podiatry provision in Gloucestershire.

General foot care services are in high demand but low in supply. There is also a demand for NHS podiatry services and more cost effective options for providing foot care to all patients are needed. The demand for both these services will increase due to an ageing population. The Journal of Foot and Ankle Research forecasts a projected gap of 4,500 podiatrists to manage the current NHS podiatry caseload in the UK.

People are experiencing long waits for an initial assessment or between appointments. This seems to be where referral to a specialist is required or they have chosen to attend at a particular clinic. It could indicate a lack of capacity in the system i.e. not enough podiatrists to meet the need as per national statistics, especially if time is taken up by carrying out assessments for people who do not meet the criteria for NHS podiatry.

Gloucestershire's 'Best Foot Forward' scheme, held up as an example of best practice by the Department of Health, is no longer available.

2. Early intervention/preventative care

The Department of Health, Diabetes UK, The Institute for Ageing and the Care Act all recognise the need for foot care to maintain wellbeing and continued mobility of older people. Poor foot care for older people can be a risk factor for falls, reduced mobility and social activity, chronic pain and becoming housebound.

The Institute of Ageing's 'Curve of Life' research highlights the importance of basic toe nail cutting as a key determinant in independent living and delaying the need for nursing care. Office for National Statistics figures from 2001 suggest that a third of over-65s cannot cut their own toe-nails and struggle to access NHS services. Compared to the previous LINk report (2010), patients are now more accepting of the lack of routine foot care. Many patients would see it as an improvement to services if foot care were offered within the NHS podiatry service – many do not expect it to be free but would prefer to pay a provider with an NHS contract than seeking out a private practitioner.

There are several examples of health and social care models that have been developed to provide low cost, safe and effective foot care options such as:

- Sheffield PCT Podiatry Empowerment Project which empowered suitable low-risk low-needs patients to self-care instead of automatically providing care through the podiatry service.
- Birmingham Nail Care (www.bhamnailcare.co.uk) – a specialist NHS-commissioned nail care service for older people in Birmingham costing £5 to £15 per session, using qualified Nail Carers who have completed the Level 2 Award Nail Cutting and Care accredited qualification introduced in November 2013 after South Birmingham NHS identified a need for a nail cutting service based outside the NHS.
- A foot care service commissioned by Westminster PCT, delivered by trained foot care assistants who are supervised by registered podiatrists and have easy access to qualified staff where clinical needs change beyond their scope of practice.
- Voluntary sector solutions in the community such as the Lydcare-run lunch club in the Forest of Dean where a private chiropodist attends the club every six weeks to provide a toe nail cutting/basic foot care service to older people at a cost of £11. If members cannot attend the club the chiropodist will visit them at home.

The Podiatry Service can provide equipment, such as files for a small fee, for people to manage their own foot care at home but this information is not widely available or made know to patients until they attend their first assessment with a Podiatrist.

3. Patient information and awareness

People are confused about what is available on the NHS and what is not. As podiatry does not include general foot care for those without a medical/podiatric need, members of the public appear to lack understanding about why other medical conditions that affect their ability to carry out their own foot care is not seen as a medical need for podiatry treatment.

Research suggests that many people have no clear understanding of the difference between the terms 'podiatry' and 'chiropody', which are interchangeable, and foot care. They are confused about their eligibility to access either within the NHS.

There was an awareness that some literature was out of date, confusing or incomplete. The GCS Communications team is undergoing a review of literature at the time of writing this report.

4. Booking systems

There are issues relating to appointments, mainly practical difficulties getting through on the phone. Experience of the booking process was found to be inconsistent - poor for some, and yet fine for others. However vast improvements have been made during 2014 since the introduction of SystmOne which has positively impacted on speed of referral and waiting times between appointments. There have been fewer complaints about the system in the latter part of 2014 and comments received in 2015 suggest a more responsive system, with more immediate answering of calls being reported by task group members.

There is still some confusion for new patients about which telephone number to ring in the first instance as there are two different numbers dependent on the locality of the clinic (some clinics

fall under a Gloucester number, some clinics fall under a Cheltenham). However if patients ring the wrong number for their particular clinic they are redirected.

5. Administrative support

Patients attending clinics without a designated podiatry waiting area or receptionist reported confusion and delays as podiatrists deal with all enquiries including administrative issues. Footfall in some of the physically small clinics is surprisingly high; in particular the Beeches Green clinic in Stroud has a high number of patients each month and yet they have a small waiting room and no reception staff.

6. Diabetics

Diabetes UK states that improving foot care and reducing amputations saves lives and saves money and that also impacts considerably on health outcomes and all five domains of the NHS Commissioning Board. In Gloucestershire the incidence rates were above average in four areas of monitoring: care for diabetic foot disease, nights spent in hospital, major amputations and minor amputations. While the statistics did not suggest causes specific to GCCG, the introduction of a MDFT could address some of these issues. In a response provided to the podiatry task group in September 2014, GCS said they were aware of the Diabetes UK recommendations and were taking a collaborative approach to address the issue locally, including working with GCCG and GHNHSFT and collaborating across primary care, community care and secondary care to undertake a diabetes amputation audit to better understand the current pathway for patients with diabetes who experience a lower limb amputation.

The majority of diabetics responding to HWG podiatry survey did not report any significant issues. Several compliments about the quality of treatment and advice provided were noted.

The booking system does not appear to allow for an automatic booking of a diabetic's annual review by the podiatrist and there is no yearly reminder. The onus is on the patient to book nearer the time which can lead to delays if the need for an appointment is forgotten. Not all diabetics will receive free NHS foot care as part of their treatment.

7. Orthotics provision

Orthotics stood out as the main area for improvement in the HWG podiatry survey. Nationally there are no quality standards in relation to orthotics services and even among providers there is confusion about how services are delivered to meet patient needs.

Patients using podiatry and orthotics services are affected by poor communication between services and conflicting diagnosis. Delays receiving orthoses have been experienced within both services however where the podiatry service make/adapt insoles in their own laboratory the orthotics service buy them in and have to send orthoses away to be adapted which can lead to extensive delays for patients requiring adapted footwear.

A respondent to the HWG podiatry survey suggested that "*a leaflet at the beginning giving the options or possibilities and who is responsible for what would be useful*".

8. Care homes

Older people living independently at home or in residential/nursing homes need foot care as part of their basic package of care. There is a demand for a home care service.

9. Private foot care services

People who are not eligible for NHS related foot care do not know where to go to find a reputable private practitioner. The Government's 'Any qualified provider' scheme aimed to encourage a wider range of options for patients and could be better applied by local Commissioners in Gloucestershire to fill the gap in provision for people making their own foot care arrangements.

Some people who pay for private foot care services do so because they have been refused treatment on the NHS or presume they wouldn't eligible, while others do so as a proactive response to treat foot pain, to avoid long waits/travelling to an NHS clinic or because they prefer to be seen at home. However not everyone can afford to pay for treatment and in some parts of the county it is harder to find practitioners who are available, particularly for home visits. Solutions are being found in the Voluntary and Community Sector for providing affordable options, such as the Lydcare model of best practice (see Patient Story 6 in section 4.6), in which a private chiropodist provides foot care service every six weeks to older people attending a local lunch club, who pay £11 to have their toe nails cut or receive basic foot care and if members cannot attend the club the chiropodist will visit them at home.

6 Recommendations

Taking into account all the evidence gathered, the HWG Podiatry Task Group makes the following recommendations:

1. A co-ordinated approach should be adopted in the commissioning of safe and effective early intervention foot care (GCCG & GCC)

- HWG suggests that GCCG and GCC jointly undertake a review of foot care provision in the county, with input and support from GCS podiatry service, considering low cost models of intervention providing foot care as part of a social care package.
- Train assistant grade foot health professionals to deliver low-level foot care services under the supervision of registered podiatrists and with easy access to qualified staff if clinical needs change. (see Section 5, conclusion 2 for case study examples).
- Consider solutions provided through investment in Voluntary and Community Sector organisations to support early intervention initiatives (eg. Patient Story 6, Section 4.6)

2. Consider an increase in the number of podiatrists to meet the demand generated by an increasing older population (GCCG)

- Review the capacity of Gloucestershire Podiatry Service to meet the increasing needs and demands of an ageing population. Current patients with a medical/podiatry need are experiencing long waits for both initial appointments and review appointments and in future this pressure will continue to rise.

3. Provide additional administrative support, particularly in busier clinics (GCS)

- Consider additional administrative support at the busiest podiatry clinics and review options for larger clinic venues e.g. Beeches Green clinic in Stroud.
- Enable patients to make follow-up appointments after their appointment with the Podiatrist.
- Review IT systems with regard to automatic appointment reminders by email or text.

4. Undertake a patient awareness and education campaign to manage expectations and inform (GCCG and GCS)

- HWG suggests GCS carry out a whole scale review of patient information, with support from GCCG as part of a wider publicity campaign, to clarify the difference between basic foot care, chiropody and podiatry.
- (Using the HWG Readers' Panel to assess) produce one jargon-free leaflet explaining the difference between podiatry and foot care.

- Re-write leaflets that help people to look after their own feet, using diagrams to explain techniques, and provide details about ordering equipment, such as files, via the GCS website.
- Make information on-line clearer regarding eligibility, clarifying why general foot care is not free for everyone and offer signposting to private foot care services for those not eligible for NHS treatment.
- Develop a patient charter, in agreement with GCCG, setting out what patients can expect from the Podiatry service and circulate to podiatry clinics, GP practices, care homes and sheltered housing complexes.

5. Introduce Diabetic multi-disciplinary foot care teams (GCCG)

- Work in partnership with GCS and GHNHSFT to fulfil recommendations made by Diabetes UK to implement multi-disciplinary foot care teams, ensuring the delivery of the integrated foot care pathway for expedient care for diabetics as a matter of urgency.
- Review the data produced by Diabetes UK regarding amputation rates for Diabetics in Gloucestershire.

6. Review Orthotic provision in the county to prevent confusion and delays in treatment (GCCG)

- Review the relationship between Podiatry services (GCS) and the Orthotics department (GHNHSFT) when orthoses are required by a patient and simplify processes where possible.
- Consult with patients experiencing Orthotics issues in light of work being carried out nationally through Healthwatch England (see Section 4.2)

7. Provide more effective foot care in care homes (GCC)

- Review the provision of basic foot care in social care settings, in partnership with commissioners, providers and the Voluntary Sector, and with reference to responsibilities under the Care Act and 'Curve of Life' model for preventative care.
- Consider training options for social care workers to provide low-level foot care as part of a basic package of care.
- Alternatively, as an outcome of Recommendation 1, review the use of healthcare practitioners to work in partnership with care homes to provide more cost effective options for residents as part of their 'Duty of Care'.

7 Acknowledgements

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- Podiatry task group members: Aileen Bendle, Mike Broome, David Hearn, Esther Hetherington, Richard Hetherington, Jenny Hincks, Bryan Love, David Perry, Jennifer Skillen, Ray Storey and Alan Waller
- HWG administrative support: Nic Moorey and Rebecca Hughes
- HWG podiatry survey respondents
- Case study contributors
- Head of Podiatry, GCS
- General Manager for Trauma and Orthopaedics, GHNHSFT
- Commissioning Manager, GCCG
- Early Intervention and Prevention Workstream Lead, GCC
- Gloucestershire Advocate, SEAP
- Gloucester Diabetes Group
- Village and Community Agents

8 Appendices [full document available upon request]

Appendix 1: Terms of Reference

Healthwatch Gloucestershire (HWG)

Terms of Reference for Podiatry Task Group

Tasks groups are time limited projects undertaken by members of HWG to look into issues of concern or emerging trends in health and social care in Gloucestershire. The topic may be identified using evidence gathered from public events, focus groups, patient surveys, national research and members' experiences. It may include reviews of previous HWG task group and LINk Legacy reports. The decision to set up a Task Group will be made by the HWG Board.

Aims

- To review Podiatry/related footcare in Gloucestershire taking into account the views expressed by patients, carers and members of the public
- To identify issues and make recommendations to the Commissioners and Providers about Podiatry to improve service user experience
- To ensure that the patient is at the centre of the whole process

Activities

- Identify and obtain the current policies and procedures of all relevant Commissioners and Providers of Podiatry in Gloucestershire
- Review national policies and guidelines on Podiatry and regulations
- Collate service user experience and case studies on Podiatry
- Invite Provider(s) of service to a task group meeting to discuss current processes (if appropriate)
- Identify gaps in current policy, guidelines and quality of provision
- Identify and suggest key areas for change and improvement (SMART*)
- Submit a draft report to HWG Board (using HWG template). The report will include conclusions, recommendations and agreed appropriate timescale for a review of actions by the Provider(s)
- Submit final report to the Commissioners and Providers (and expect a response within 20 working days)
- Copy final report to HWE (Healthwatch England), CQC (Care Quality Commission) and HCOSC (Health and Care Overview Scrutiny Committee)

Membership

- The Chair will either be an appropriate member of the Board or an HWG member with relevant experience
- The group will consist of members of HWG who have expressed an interest in Podiatry and appointed by the HWG team
- Members must be able to commit to attend meetings for the duration of the group or contribute via email when travelling is not possible
- The group should not exceed 15 members

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Confidentiality

- All proceedings (discussions and documentation including any draft reports) shall remain confidential until the final report approved by the HWG Board
- The group is bound the HWG 'Confidentiality and Data Protection Policy'

Meetings

- This is a short term group, forming part of the HWG work plan, therefore meetings will be held regularly to progress the work
- There shall be no more than four weeks between each meeting
- Meetings will be arranged and supported by a member of the HWG team

Review of Report and Responses to Recommendations

- The group will decide how and when the review should take place

**Specific, Measurable, Achievable, Realistic, Time-limited*

Approved by the HWG Board on [29-7-14]

9 Glossary

Listing of abbreviations and acronyms:

AQP	Any Qualified Provider
CGH	Cheltenham General Hospital
CQC	Care Quality Commission
DoH	Department of Health
FPT	Foot Protections Team
GCC	Gloucestershire County Council
GCCG	Gloucestershire Clinical Commissioning Group
GCS	Gloucestershire Care Services NHS Trust
GHNHSFT	Gloucestershire Hospitals NHS Foundation Trust
GPS	Gloucestershire Podiatry Service
GRCC	Gloucestershire Rural Community Council
GRH	Gloucestershire Royal Hospital
HCOSC	Health & Care Overview and Scrutiny Committee
HWB	Health and Wellbeing Board
HWE	Healthwatch England
HWG	Healthwatch Gloucestershire
ICT	Information and Communications Technology
ILC	Independent Living Centre
LINk	Local Involvement Network
MDFT	Multi-disciplinary Foot care Team
MSK	Musculoskeletal
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
PALS	Patient Advice & Liaison Services
PCT	Primary Care Trust
RFI	Request for Information
SEAP	Support, Empower, Advocate, Promote
VCS	Voluntary & Community Sector