

Podiatry Engagement Feedback – Next Steps

In 2019 and 2021, patients of podiatry services were asked their views of the service. Patient surveys were considered along with the views of podiatry providers and other health professionals to help propose a new way of delivering services. The aim of reviewing the way services were provided was to:

- improve the experience and outcomes for those patients most in need,
- provide good value for money, and
- ensure the service could be delivered given a national shortage of podiatrists.

In 2023, a new model for delivering the service was proposed. It was important patients were able to give their views on the proposals. Healthwatch in both South Tyneside and Sunderland undertook the work for the NHS North East North Cumbria Integrated Care Board (ICB). They spoke to patients in clinics and gave them chance to fill in surveys throughout September 2023. Survey questions were designed to tell people what the proposed changes were and let them share their views or concerns.

The engagement provided people with information on the following podiatry challenges:

- Increasing demand for podiatry services
- People presenting with more complex needs
- Lack of equality between services in Sunderland and South Tyneside
- A national shortage of podiatrists

Patients were also informed of the following:

- Podiatry in South Tyneside and Sunderland is delivered by various service providers on behalf of the NHS.
- It is proposed that all services will be delivered by one provider. This provider would provide the services in community clinics, hospitals and the patient's home or care home.
- This would mean some regular patients may see a change in staff, depending on who provides the service in the future.
- The aim of moving to one provider is to relieve issues with costs and staffing clinics and make transfers to different podiatry services smoother when a person's needs change.
- It is proposed that clinic locations would be reduced from 30 to a minimum of 18 - two per Primary Care Network area across South Tyneside and Sunderland. The number of appointments will not reduce, patients will still have some choice of clinic location and there will be a more even spread across South Tyneside and Sunderland.
- The aim of reducing clinic numbers is to reduce cost, make it easier to staff clinics and make sure clinics are used to their full capacity.
- The provider who wins the contract will work with patients and communities to decide on future clinic locations and may choose to provide additional venues if they think it is appropriate.
- It is proposed that self-care will be encouraged, and education will be provided to those who can manage their own care.

- Referrals will be accepted via a single point of access against one clear, standardised set of criteria.
- Self-referrals will also be accepted.
- The aim of encouraging more self-care and changing referral is to get people to the right service more quickly and free up clinics for those with the most need.

There was some common feedback across both places and the results in both areas showed a mixed response to the proposed changes. It was noted that in some areas, patients would need to understand more about how the model would be operated in practice, to fully understand the impact. The key findings with regards to patient concerns and responses from the ICB are below:

Service Provider

Patient feedback

- There was a mix of views regarding the proposal to move to one provider. In Sunderland, some patients thought this could provide better value for money. In South Tyneside some people noted that they see different clinicians anyway. However, others expressed concerns about the **potential impact on travel, continuity of care** (including change of staff), **waiting times and quality**.

Response

- Developing the service model includes developing a service specification. This defines what standards of care is expected from a provider. Potential providers will be assessed against whether they can meet the needs set out in the specification. **Continuity of care** was already included within the proposed model but has now **been strengthened**. This means the service specification and outcomes have been updated to reflect continuity of care as far as clinically possible. This is highlighted most for those at high risk and states every effort must be made to ensure the same clinician provides continuity of care.
- In response to concerns over waiting times, the proposed new model has been designed to free up appointments for those most in need. It is **expected to have a positive impact on waiting times**. The single point of access will ensure referrals are received against one clear, standardised set of criteria to get people to the right service more quickly and make sure clinic access is prioritised on need.
- **Travel** is addressed in the location section below.
- **Quality** of service delivery will be monitored through regular meetings to monitor whether the requirements of the contract are being met.

Location

Patient feedback

- Respondents were informed of the proposal to reduce clinics from 30 to 18 (two per Primary Care Network area). Of those patients who expressed concerns, this related to whether the reduction in clinic locations would **impact on accessibility, travel and transport**. Patients want assurance that

clinic locations will have good public transport links and would aid accessibility for service users who do not have their own transport. Parking provision was also raised.

Response

- Once a final podiatry model is agreed, a process will take place to procure a service provider. This means the service needs and standards of care will be set out in a specification, service providers will be evaluated for how they can meet that specification and then one provider will be contracted to supply the service.
- During the procurement process, the **feasibility of two clinics per Primary Care Network will be fully tested**, including making sure any potential providers can deliver what is needed in relation to activity and demand. This includes identifying clinic locations. This will be set out in the procurement and evaluation strategy. The procurement will include **detailed testing around transport and travel infrastructure**, i.e. a transport impact assessment to take into account distance, public transport links, parking, disabled parking, costs, and an understanding of the change from what is in place currently to what is to be.

Eligibility

Patient feedback

- Patients raised the issue of **decision making around** who remains in the service and **who self-cares**.
- There was also **concern around self-care leading to people harming themselves** and people wanted assurance that those who could not self-care would not be expected to do so. Other issues included how **education** would be offered, what type of **equipment** would be offered and concern over the risk of **early opportunities to prevent** an issue or prevent escalation might be missed.

Response

- Part of the procurement process will be to **ensure the decision making** in relation to deciding who will be eligible for clinical treatment and who will be encouraged and educated to self-care will be done in **clinically sound** way. As part of the bidding process, **providers will be evaluated on how they can meet the requirements** of the contract including the criteria they will use to determine eligibility, what self-care will involve, how it will be monitored to ensure it is clinically safe, what and how education will be provided, including methods, content, assessing success, provision of equipment/materials.
- The proposed **changes** to the podiatry service **will not impact on patients with existing physical and mental disabilities**. Reasonable adjustments will be made to ensure there is equity of access for these service users. This will be included within the specification and the Procurement and Evaluation strategy.

Referrals process

Patient feedback

Patients in Sunderland were more positive than those in South Tyneside regarding the proposed referral process. Of those who expressed concerns,

they were generally linked to **accessibility of the referral process, criteria used to assess need and potential increased demand for service**. Again, there were concerns raised about whether people would recognise the need to self-refer or an indication that they prefer support from a medical professional.

Response

- The **Single Point of Access** has been designed so that patients are **assessed by a suitably trained clinician** who can determine the best course of action to meet their needs. Referrals will be assessed against **one clear, standardised set of criteria** to get people to the **right service more quickly and make sure clinic access is prioritised on need**.

All the above feedback and themes have been included in the new contract.