

Subject: Changes to Access Criteria of the Community Podiatry Service

Committee: Healthier Communities and Older People Overview and Scrutiny Committee

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1. Background - Community Podiatry Service

The Merton Community Podiatry Service is commissioned by Merton Clinical Commissioning Group (Merton CCG) and is delivered by Central London Community Healthcare NHS Trust (CLCH). The service:

- Provides community-based specialist foot care.
- Assesses, diagnoses, treats, and where applicable prevents and provides rehabilitation for disease, conditions, deformities and pathologies of the foot and lower limb.
- Provides advice and information on all aspects of effective foot care.
- Develops personalised and evidence based care plans.
- Works collaboratively with other professionals to ensure that patients receive appropriate care and support.

Podiatry clinics are held at The Nelson Health Centre (SW20 8DA), Wide Way Medical Centre (CR4 1BP) and Morden Hall Medical Centre (SW19 3DA). Home visits are also provided when required.

In terms of activity, during 2017 there were 9,994 service contacts (an average of 833 per month), the service received 3,790 referrals (an average of 316 per month) and the average caseload size was 2,670 patients.

2. Rationale for Change

There is a high demand for the Community Podiatry Service and it was recognised that the current activity levels for the service are unsustainable bearing in mind the existing staffing complement.

It has been necessary to review the service model and the acceptance criteria. This will help to ensure that those with the greatest medical and podiatric needs are able to access the service in a timely manner and that the service model is viable.

The funding for the service is not being reduced and the reason for this change is to make the best use of the existing resources and to improve the service for those most in need of podiatric care.

Other community podiatry services have undertaken comparable service reviews and the learning from other areas has been drawn upon to guide the approach in Merton.

3. Updated Access Criteria

Joint work has taken place between Merton CCG and CLCH in order to develop updated inclusion and exclusion criteria for the Community Podiatry Service. Two audits have been undertaken to help shape the access criteria, the second of which was a detailed two week audit including all patients with podiatry appointments. A key purpose was to examine what the impact would be (in terms of demand/ activity) of introducing the new access criteria.

The full proposed criteria are included in Appendix A. A key implication of the introduction of these criteria would be that appropriate patients with low medical and low podiatric needs would no longer be seen by the service and instead would self-care or receive support from non-NHS services (voluntary sector or independent).

The two week audit undertaken found that 28% of the patients who were seen by the service in this period had low medical and low podiatric needs. With the introduction of the new inclusion and exclusion criteria, it would not be the case that all low medical and low podiatric patients would no longer be seen by the service. However, it would be reasonable to anticipate that ~15 - 20% of the patients who were seen by the service with the previous criteria would not be seen by the service with the introduction of the new criteria. In 2017, the average number of patients who had appointments per month was 918 and so it is expected that ~140 - 180 patients per month who would have previously accessed the service would no longer access the service with the updated access criteria.

It is relevant to note that changes to the access criteria sit alongside wider service redesign to make the service more efficient whilst maintaining quality.

To support the introduction of the proposed criteria, CLCH has developed an information leaflet for patients who are discharged from the podiatry service which is included in Appendix B.

4. Clinical Engagement

Local clinical input informed the development of the updated inclusion and exclusion criteria.

In January 2018 wider clinical input was sought from members of the CCG's Clinical Reference Group (a group including the CCG's Clinical Chair, Directors and Leads) and it was considered that the updated access criteria were clinically appropriate. Only following robust clinical input did engagement with patients and the public take place (see Section 5).

Further discussions regarding the implementation of the updated access criteria took place in March at a Practice Leads Forum (a forum attended by Clinical Leads from Merton GP practices).

CLCH has developed a range of helpful resources which will be available for use in general practice and could be shared with patients for whom it is established that a referral to the podiatry service is not required.

Appendix C includes an information leaflet about basic foot care (other self-management leaflets are also available) and Appendix D contains information about local services which could support patients with low medical/ podiatric needs.

5. Patient Engagement

Two patient engagement events took place. These were at the following times:

- 12 – 2pm on Monday 5th March 2018 at Merton Civic Centre in Morden (SM4 5DX)
- 4 – 6pm on Thursday 8th March 2018 at Vestry Hall in Mitcham (CR4 3UD)

Information about the events was shared at podiatry clinic locations and through distributing details via a range of channels, including with the assistance of voluntary sector partners. Posters and flyers which patients could take away were used to promote the events. Two events were held at different times, on different dates and in different locations in order to support attendance.

At the engagement events colleagues from Merton CCG and CLCH:

- Shared information about the Merton community podiatry service and the planned changes to the service.
- Collaboratively explored the implications for different groups of patients.
- Heard attendees' views about the planned changes and answered any questions.

Discussions about the service changes also took place at the CCG's Patient Engagement Group on 24th January 2018.

Appendix E outlines the key themes and areas of discussion from the patient and public engagement activities that took place. There was a general appreciation of the rationale for the proposed changes and the importance of ensuring that those with the greatest needs receive timely and effective care was acknowledged. There was a lack of opposition to the proposals and indeed one attendee queried why the revised criteria had not already been introduced.

Appendix F contains Frequently Asked Questions which were shared at the engagement events and aim to address some of the main queries that have arisen.

6. Equality Impact Assessment

An Equality Impact Assessment (EIA) has been undertaken for which the implications (both positive and negative) of the proposed service changes have been considered in relation to the nine characteristics given protection under the Equality Act 2010¹, plus carer status.

As noted previously, the changes should help to ensure that patients who have the greatest medical and podiatric needs are able to access the service in a timely manner. For the majority of the protected characteristics, it is not considered that the proposed changes will have a particular positive or negative impact and it is not thought that the changes will have a significant negative impact for any of the protected characteristics.

Included below is a summary of the salient elements from the EIA in terms of potential positive and negative implications.

Potential positive effects:

- Age: Overall older people are more likely to have more significant medical and podiatric needs and should therefore benefit from the service developments.
- Disability: Patients with no significant relevant medical history and low podiatric need will not be accepted by the service. However, the exception to this would be if a patient is considered to be particularly vulnerable and at risk of not receiving the necessary care and support. This could be, but is not necessarily, if a patient has a physical or learning disability.

Potential negative effects

- Race: It is not thought that there would be any significant negative implications in relation to this characteristic. However it is relevant to note that more patients will be encouraged and supported to self-care by primary care professionals (with appropriate materials/ resources) and at present the patient information leaflets are only in English.

¹ Age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation

In some cases, for patients for whom there is a language barrier, interpreting services may need to be used.

- Carers: It is not thought that there would be any significant negative implications in relation to this characteristic. However it is relevant to note that more patients will be encouraged and supported to self-care by primary care professionals (with appropriate materials/ resources) and this could have implications for carers.

If any issues arise there are mechanisms through which they can be addressed, such as through service delivery reviews and contract monitoring arrangements.

7. Request

The Healthier Communities and Older People Overview and Scrutiny Panel is requested to consider the information presented in this briefing and to share any comments. The Panel's support to implement the updated access criteria is sought.

Appendix A: Updated Podiatry Access Criteria

SERVICE OVERVIEW

- The Community Podiatry Service supports patients who have significant medical and podiatric needs which put their feet at risk of problems and ensures patients are assessed and treated within a suitable timeframe.
- Patients accepted by the service receive a defined package of care and in most cases will be discharged once the issue has been resolved. Where appropriate the service aims to discharge most patients following brief intervention and most patients do not access the service on an ongoing basis.
- The majority of service provision is delivered in clinic based settings. A domiciliary service is provided to housebound patients only. Patients who are able to attend GP/ dental/ hospital appointments etc. are not considered to be housebound.
- The service aims to see urgent referrals within 5 working days so patients must be safe to wait for this timeframe. The service aims to see routine referrals within 20 working days.

INCLUSION AND EXCLUSION CRITERIA

All acute podiatry conditions such as diabetic foot ulcers, Charcot foot etc. must be referred to acute specialists as these conditions fall outside the remit of community podiatry and are likely to require additional investigations and monitoring by medical professionals.

Biomechanics Referrals

Referrals are accepted for a range of biomechanical needs, including:

- Metatarsalgia (forefoot pain)
- Achilles/ankle pain
- Pes planus/cavus – symptomatic (flat/ highly arched foot)
- Heel pain/arch pain – may be offered a group session
- Hallux/Bunion pain – may be offered a group session
- Lower Limb evaluation
- Tendinopathies

Patients with minor biomechanical problems are not accepted by the service.

General Podiatry Referrals

- Patients can be classified as having high or low medical needs and high or low podiatric needs:

High Medical Needs	Low Medical Needs
These include: <ul style="list-style-type: none"> • Moderate or high risk diabetic • Peripheral Arterial Disease • Immuno-suppression/deficiency • Renal disease • Connective tissue disorder • Neurological disorder • Rheumatoid Arthritis • Cardiovascular disease • Lifelong Anticoagulant Therapy 	These include: <ul style="list-style-type: none"> • Low risk diabetic - absence of diabetes risk complications who have 'low risk' feet (no risk factors present e.g. no loss of sensation, no signs of peripheral vascular disease)

High Podiatric Needs	Low Podiatric Needs
<p>These include:</p> <ul style="list-style-type: none"> • Vascular assessment of known PVD patients • Ulceration - non diabetic wound • History of ulceration • Previous amputation 	<p>These include:</p> <ul style="list-style-type: none"> • Corns and/ or callouses • Verrucae • Nail deformity

• Patients with high medical needs and/ or high podiatric needs are accepted by the service. Examples of patients who fall into the accepted cohorts are included below:

High medical need/ high podiatric need: A moderate/ high risk diabetic with a history of ulceration.

Note: Appropriate step up and step down between Tier 3 and 4 Diabetes Services and Acute Vascular teams would occur based on the presenting podiatric need.

Low medical need/ high podiatric need: A generally healthy individual or low risk/ stable diabetic with an infected ingrown toenail.

High medical need/ low podiatric need: A patient who is on lifelong warfarin and presents with corns and callouses with long toe nails.

• Patients with **no significant relevant medical history AND low podiatric need will not be accepted by the service.** The exception to this would be if a patient is considered to be particularly vulnerable and at risk of not receiving the necessary care and support. This could be, but is not necessarily, if the patient is registered blind, homeless, housebound or an amputee.

• The service does not provide interventions for people with corns, callouses and verrucae who have low medical needs. The only exception to this would be if corns/ callouses/ verrucae are significantly symptomatic and a range of interventions have already been tried.

• The service is not able to provide interventions for those with fungal skin infections.

• The podiatry service does not provide routine nail cutting and skin care unless specifically for high risk patients who are otherwise eligible for the service (such as high risk patients with diabetic or vascular pathology). A patient's inability to touch his/ her toes does not warrant a referral for routine nail cutting/ skin care.

Appendix B: CLCH Patient Information Leaflet – Discharge from the Podiatry Service

You can receive help with queries about CLCH services from **Patient Advice and Liaison Services:**

Customer Service Team (PALS)

Central London Community Healthcare NHS Trust

64 Victoria Street

London

SW1E 6QP

Telephone: 0800 368 0412

Email: clch@pals.nhs.net

(Monday to Friday 9am-5pm)

Central London Community Healthcare 
NHS Trust

Your healthcare closer to home

DISCHARGE FROM PODIATRY SERVICES

Information for patients

Why have I been discharged?

NHS Podiatry services are available for patients with:

- Moderate or severe foot problems that require Podiatric care
- People with a medical condition that puts them at high risk of foot health complications

We are unable to provide treatment to patients who have a low clinical need for Podiatric care- these patients are classified as Low Risk. We are also unable to provide nail cutting services or treatment for minor foot problems.

How do I know I am low risk?

Your Podiatrist would have assessed your feet in your initial consultation.

- Your pulses are present in your feet
- The sensation to your feet is intact
- You have no history of ulceration/amputation/angioplasty
- You have no infection affecting your lower limb

- You do not have medical history or medications that cause problems for the feet

Alternatively, you may have been discharged because your foot problem has been resolved, further treatment from us will not solve your problem, or because you have been referred to another service or department.

I need regular foot care- what can I do?

Your Podiatrist can give you a list of services available in the borough of Merton that you may be able to use to obtain treatment for your feet. These services include clinics to travel to and home visit services

What happens if my feet get worse, or I develop a new problem?

If your general health changes or a foot problem returns (old or new) you will need to return to your GP to discuss obtaining a new referral to our services. We then assess whether we are able to offer you further treatment.

Appendix C: CLCH Patient Information Leaflet – Basic Foot Care

GUIDELINES ON BASIC FOOTCARE

- Feet are one of the hardest working parts of the body but often they are overlooked.
- Many people don't realise how foot problems can lead to further health implications in other areas of the body, such as the hip and the back.
- In a lifetime, you will walk in excess of 150,000 miles (approximately five times around the world) and your feet are rarely given a chance to rest.
- Keeping feet healthy and pain-free doesn't have to be difficult. Healthy measures include adopting good foot hygiene, wearing properly fitting shoes and conducting self-examinations.

What you will need:

It is important to have the correct instruments. Choose the type you are familiar and comfortable with.



Clippers



Nippers



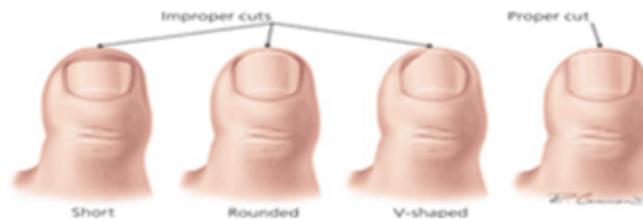
Emery board



Foot file

How to cut and file nails:

- Cut nails after a bath as nails are softer.
- Cut nails straight across following the natural shape of the nail.
- Do not cut the nails too short or cut down the sides.
- Do not cut or push back the cuticles.



- File nails using a one way action pushing the file away from you.
- After filing run your fingers over the nail to check there are no sharp edges.
- To manage thick nails file across the surface of the nail to reduce the bulk.

Caution

If you do cut the toe, apply pressure to stop the bleeding, clean the wound and cover with a sterile dressing. Seek medical advice if it does not heal within 2-3 days.

Skin care:

- Wash your feet daily in warm soapy water (do not soak them) dry thoroughly especially in between the toes.
- Light callus can be removed with a foot file or pumice stone.
- Apply moisturiser daily if you can, avoid the area between the toes.
- If you can't reach use a spray on moisturiser or ask someone else to help you.
- Wipe the area between the toes with surgical spirit to remove excess moisture if required.
- Do not use talcum powder between the toes as this causes maceration.

Footwear– A good shoe has:

- Lace or strap.
- A cushioned sole.
- A firm heel counter.
- A slight heel but no greater than 4cm.
- A deep enough toe box.
- An upper made of natural materials, such as leather or breathable fabric.
- Always wear the right shoe for the job.



Appendix D: CLCH Patient Information Leaflet – Information about Local Services



Podiatry Department

Alternative footcare providers

Wimbledon Guild foot care: The Wimbledon Guild offer chiropody services by appointment at Guild House on Worple Road in Wimbledon. To find out more call 020 8946 0735.

Merton and Morden guild “funky feet” service: Once a fortnight on a Tuesday morning the Merton and Morden Guild offer toenail cutting, manicures, pedicures and foot massage. Call Merton and Morden Guild to find out more on 020 8640 1640.

Age UK foot care: Tuesday to Thursday from 10am to 5pm at the Cricket Green Medical Practice in Mitcham. Cost is £23 for a 30 minute treatment. If you are a new patient, there is a one off registration fee of £10 payable at your first appointment. To book or find out more: Call the Age UK Merton office on 020 8648 5792.

Find a local Chiropodist/Podiatrist: Every Chiropodist/Podiatrist practicing in the UK must be registered with the Health and Care Professions Council (HCPC), which is the Chiropody/Podiatry regulatory body. <https://www.scpod.org/find-a-podiatrist/> is a website you can use to search for a registered Chiropodist/Podiatrist in your area.

Appendix E: Patient and Public Feedback

Outlined below are some of the key themes and areas of discussion from the patient and public engagement activities that took place.

Recognition of the need for change:

There was a general appreciation of the rationale for the proposed changes and the importance of ensuring that those with the greatest needs receive timely and effective care was acknowledged. There was a lack of opposition to the proposals and indeed one attendee queried why the revised criteria had not already been introduced.

Effective use of NHS funding:

The overall need to ensure that NHS services are as efficient and effective as possible was discussed.

Considering the person as a whole:

It was raised that often people do not just have issues with their feet and there can be wider medical issues. It was confirmed that this had been factored into the approach which is holistic and a patient's medical history would be taken into consideration.

Importance of foot health:

The importance of supporting foot health was recognised. Particular discussions took place about people with diabetes and it was mentioned that an annual foot check part should take place as part of diabetes management.

Supporting people with learning disabilities:

There was a query regarding the implications of the proposed changes for people with learning disabilities. It was noted that any vulnerabilities will be taken into consideration, for example if there are issues relating to someone's ability to self-care, this could be a reason for him/ her to be referred even if s/he is at a low risk from medical and podiatric perspectives.

Access to the service:

Discussions took place about access to the service and suggestions were made regarding appointment booking and scheduling which will be explored by the service. Particular consideration was paid to opportunities associated with using text messaging, in particular to remind patients about their appointments in order to reduce the number of appointments that are missed. It was noted that there are plans to implement the use of text messaging within the service.

Re-referrals to the service:

There was a query about how patients who had been discharged from the service could access the service again if required. It was confirmed that patients could be re-referred to the service and it was recognised that circumstances can change which means that further support from the service is required.

Financial issues:

It was flagged that foot care can present a financial burden for some. The financial challenges facing the NHS were also acknowledged and there was an appreciation that not all care can be funded by the NHS. It was highlighted that routine nail cutting has not been provided by the NHS for some time in Merton.

Voluntary sector services:

It was mentioned that it is fortunate that there is a range of voluntary sector and other services available in the borough. A representative from Age UK updated that the



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organisation is exploring the introduction of a nail cutting service; this was received positively and it was felt that there is need and demand for this.

Appendix F: Frequently Asked Questions - Changes to the Merton Community Podiatry Service

Question	Response
Why is the community podiatry service being changed?	The NHS is changing the local podiatry (foot care) service to make sure that those with the greatest needs receive quick, effective care. These changes are expected to improve waiting times, and will allow the service to focus on patients who need the service most.
Are the changes due to NHS funding cuts?	No. The funding for the community podiatry service, provided by Central London Community Healthcare NHS Trust (CLCH), is not being reduced. Clinical Commissioning Groups (CCGs) and NHS providers have a duty to ensure that NHS funds are used efficiently and the reason for this change is to make the best use of the existing resources and to improve the service for those most in need of podiatric care.
Are you closing any of the clinic sites?	No. Clinics will still be run from the three current sites – The Nelson Health Centre, Wide Way Medical Centre and Morden Hall Medical Centre.
What will the impact be on people who are no longer eligible for this service? Are there other local services that can provide support?	Most people are able to self-manage or care for their feet with support from family, friends and/or carers. People who need additional basic foot care, such as toenail cutting, can access this through the Merton Age UK foot care service and other local voluntary sector services or through an independent podiatry provider. A list of local providers can be found on The College of Podiatry website: www.scpod.org/find-a-podiatrist .
I'm currently a patient under the care of the podiatry service. How will I be told if I am no longer eligible for the service?	All current patients will be seen by the service and will be discharged from the service if and when this is appropriate. Patients who are discharged from the service will be told why and will have an appropriate care plan upon discharge.
Will the changes affect the waiting times for the service?	Yes – it is expected that the waiting times will improve as a result of the changes. Waiting times have been longer than they will after changes have been introduced because a lot of patients have been accessing the service with low medical and low podiatric needs who could self-care or receive support from other services (such as patients who have basic nail and callus care requirements).
If I have been discharged and my feet get worse, what should I do?	You should contact your GP if your condition has changed. They will be able to advise you about what to do next. Patients who have been discharged from the service can be re-referred to the service when there has been a change in circumstances which makes a new referral

	appropriate.
Where can I find out about alternative providers?	We are able to provide information about how to find alternative providers. We have details about local voluntary sector services and there is information available on the College of Podiatry website: https://www.scpod.org/find-a-podiatrist . If you are not able to access the website directly, your GP practice may be able to help you find a local podiatrist.
Will you consider the implications of the changes?	Yes – Merton CCG and CLCH will carefully monitor the impact of the service changes over the next six months, and explore any issues which arise.
If I have any concerns or questions about the care I am receiving who should I contact?	In the first instance, we encourage you to speak directly to the staff members who are caring for you. This is usually the quickest way to resolve queries or concerns. If you have done this and your query or problem is still unresolved, or if this isn't appropriate for any reason, you can speak to a member of the CLCH Patient Advice and Liaison Service (PALS). You can contact PALS on: Telephone: 0800 368 0412 Email: clchpals@nhs.net If you have any concerns about the approach that was undertaken to introduce the changes, you can contact the CCG. Please email ppe@mertonccg.nhs.uk .

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