

Podiatry Services
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Informing the People's Council about the proposed
changes to Podiatry Services

Overview

- Due to the current financial position Nottingham North & East CCG have agreed to review services to explore options for change which could deliver financial savings, one of these services was Podiatry.
- As a result NNE CCG are proposing to change their Community Podiatry Services from year 2016-17 to deliver **core services** to only patients identified as '**high risk**' and **in-growing toe nails**. However, all Specialist Community Podiatry Services will be retained for patients with more complex needs.
- Currently NNE CCG provide some podiatry services for patients identified as 'medium risk' or 'low risk'. Thus delivering services above and beyond the core services to patients who could be directed to other care solutions such as self-care or chiropody.

What are core services?

- Core services includes the following:
- **Nail pathologies** e.g. Dermatological conditions and Structural and functional abnormalities
- **Diabetes Management consistent with NICE Clinical Guidelines** e.g. the examination of a patient's feet and lower legs to detect risk factors.
- **Management of podiatric need of patients with rheumatoid arthritis** e.g. assessment and Management of foot problems associated with many rheumatological conditions.
- **Management and care of joint mobility** e.g. including muscle function, soft tissue and footwear advice.

What is a high risk patient?

- Currently patients are identified in terms of being high/increased risk, low risk and no medical risk from an initial assessment. The high risk patient criteria is:
 - **Peripheral neuropathy** i.e. treatment for damaged nerves within the foot
 - **Peripheral arterial disease** i.e. treatment to improve circulation within the feet
 - **Rheumatoid disease** i.e. rheumatoid arthritis
 - **Immunosuppression (medical and pharmacological)** i.e. the effects on the feet as the result of a reduced immune system
 - **Long-term steroid therapy**
 - **Long-term anti-coagulant** therapy (i.e. Warfarin/Heparin/ Rivaroxaban)
 - **Dialysis** (Haemo or peritoneal)
 - **History of foot ulceration**
 - **Diabetes** with a foot risk category of increased or higher.

Proposed Changes

- NNE CCG will provide a service to all patients that fall within the 'high podiatric need' category only and/or have ingrown toe nails so the service will be more readily available for patients identified as 'high risk'.
- Retaining all Specialist Community Podiatry Services for patients with more complex needs.

GP awareness and communications

- All GPs will receive guidance and support on making appropriate referrals, encouraging patients to devise a care plan to include self-care.
- GP to signpost patient to alternative methods of care
- Posters and leaflets highlighting changes to the service and alternative routes for care

Planned PPI

- Face-to-face/telephone interviews with patients who have used the service in the last 12 months or are currently using the service.
- Aim of interviews to gather patient intelligence and experience of the service, explore awareness of self-care/alternative care and assess potential impact on their care if service changed
- Proposed patients to be approached from parts of the community including:
 - identified by practice staff
 - from previous consultations e.g. Parkinson's and Respiratory
 - from our online database (Membra)
 - from seldom heard/ethnic minority groups e.g. faith organisations (Hucknall Mosque)
- Planned outcome to provide a report highlighting patient feedback to be considered before final changed to service made.
- Planned completion with final report – November 2015

Outcome and Close

- As part of the on going review of services NNE CCG have agreed to review services to explore options for change which could deliver financial savings, one of these services was Podiatry.
- NNE CCG are proposing to change their Community Podiatry Services from year 2016-17 to deliver **core services** to only patients identified as '**high risk**' and **in-growing toe nails**. All Specialist Community Podiatry Services will be retained for patients with more complex needs.
- GPs will receive guidance and support on the proposed referral criteria and how to support patients to self care or access other services. Patients will receive information of changes.
- PPI will aim to gather patient feedback on how they currently use the services, awareness of alternative methods of care and the potential impact the proposed change to the service may have on their care.

- **Any questions?**