

Healthwatch Cornwall

Orthotics feedback
Summary of Concerns and
Recommendations

November 2015





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Background and Introduction

At Healthwatch Cornwall (HC) we listen to patient experiences, base our work on them and inform commissioners and providers about good practice and areas for service improvement.

HC has collected a number of feedback comments during the past four months from people who have had a negative experience of accessing services and equipment that relate to the orthotics service. Patients and family members have reported frustration around waiting times for appointments, poor communication and not receiving equipment in a timely manner. These points exacerbate the current issues they face around living an independent and pain free life.

This report summarises the concerns we have heard and makes recommendations.



Summary of Concerns

- A. Receiving an appointment - service users have stated the length of time to get an appointment for an initial consultation or fitting of orthotic equipment can take more than 17 weeks. Conflicting information around waiting from the GPs and the orthotic service hinder the management of patient expectation.
- B. Repairs and replacements of equipment - we have been told that it can take several months for repairs or replacement to equipment such as helmets. The re-fit or amendments to equipment can take three or four attempts, with waits of a month or more between each. This leaves already vulnerable people at more risk of harm.
- C. Suitable use of GP's time - GPs can typically spend 45 minutes completing application paperwork in order for the patient to get replacement or new equipment. This application can be rejected causing further time needed by the GP to appeal the rejection.
- D. Changes to appointments - service users appointment times and dates can be changed on multiple occasions, leaving the service users confused. When attending their changed appointment they are informed they are late. This is seen as an issue with the booking system rather than the professionals.
- E. Request for equipment - service users who are already in receipt of orthotic equipment are being denied replacements due to cost although the cost of the equipment would be seen as small if compared to the additional service costs if not provided. There is no clear procedure on what costs should be covered by the local commissioners.



Additional Information

Issues relating to orthotic services have previously been escalated to Healthwatch England and was raised at the Healthwatch Annual Conference 2015.

The Orthotics Campaign group has been involved in raising this issue nationally.

NHS England is currently working on a national report and a model service specification for orthotics.

HC is aware that the contract for providing orthotics services in Cornwall is due for renewal in 2016.

Disability Cornwall is a partner of Healthwatch Cornwall and is currently commissioned to provide administrative support for orthotics in Cornwall. A meeting with their Chief Executive explained further the issues around waiting times and outlined measures that have already been undertaken to improve the situation. Disability Cornwall stated to Healthwatch Cornwall in August, 2015, that:

“ There have been considerable issues of late with the Cornwall Orthotics Service due to reasons beyond our control, specifically with a shortage of available orthotist time.

We have continued to address the issues as they arose with the service commissioner, contract lead and service partner, with a view to improving the situation for patients and we are pleased

to report that we believe this situation is now improving. Some positive changes we can report are as follows:

- From now on we will not require a referral each time patients visit the service. Referrals from clinicians will only be required for new patients or patients who have not used the service for more than a year.
- A locum orthotist is joining us for a couple of weeks (August/September 2015) to assist us to clear the waiting list which has accrued due to this situation.
- NHS Kernow is holding a consultation meeting with the Parent Carer Council to consult about their experiences and how they may be able to make improvements.
- We have a new (graduate) orthotist who joined us in July 2015 who will bring the much needed extra capacity to enable us to increase the number of clinics available in time.
- Children who have been put on ‘open access’ with the Child Development Centre can now be seen at alternative clinic locations, which enables us to have a greater number of clinic appointments available for children and means we can possibly provide appointments ‘closer to home’.”

While this is reassuring it is recognised that it is still early days to assess how successful these measures have been.



Recommendations

- NHS Kernow to share with Healthwatch Cornwall Referral to Treatment Times (RTT) for service users currently in the orthotics pathway that cover the period June 1 to November 30, 2015.
- Local commissioners to provide clarity on the 'cost assessment process' for replacement and new orthotic equipment.
- Monitor the capacity in the system from July 1, 2015 to February 29, 2016, to include a demographic analysis to ensure appropriate provision of orthotist clinics for all areas of Cornwall and for those with most vulnerability.
- Ensure that the information provided to patients by professionals on waiting times is accurate to ensure management of patient expectation.
- Consider changes to the current referral systems. This should consider more opportunities for self-referral by patients and include a review of paperwork that is currently completed by GPs to reduce dependence on them.
- Consider implications for Cornwall of the new model service specification for orthotics from NHS England.
- Reduce waiting times for equipment to the most vulnerable service users. The measures for 'open access' described by Disability Cornwall for children's services need monitoring for effect. Prioritising of appointments for vulnerable clients could be introduced if it is not already taking place to improve safety of patients. Consideration of alternative suppliers for equipment could reduce delays due to shipping. (We are aware of some changes that have been made in this area already).



Contact us

Get in touch

Address:

Healthwatch Cornwall

Mansion House

Princes Street

Truro

TR1 1TT

Phone number: 01872 273501

Email: enquiries@healthwatchcornwall.co.uk

Website: www.healthwatchcornwall.co.uk

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