



Proposed changes to podiatry services in South Tyneside

October 2023

healthwatch
South Tyneside

Background

North East and North Cumbria Integrated Care Board (ICB) plan and pay for NHS podiatry services in South Tyneside and Sunderland. Commissioners are continually looking at how well services are doing for patients and whether they are providing the best value for money.

Over the past few years there have been some challenges for podiatry:

- There is more demand of the service, which is costing the NHS more
- There are more patients with complex needs
- Patients who could be helped in a different way have been using the service
- Services in South Tyneside and Sunderland are not equal
- There is a national shortage of podiatrists

This means there needs to be changes in the way services are provided.

Background

As part of an ongoing review, the ICB has already undertaken work with staff and patients to think about:

- Making the most out of the funding, clinics and staff available
- Making sure patients get the care they need with the most appropriate service
- Ways to focus on improving outcomes for patients who are most in need
- Making the service more equal across South Tyneside and Sunderland.

Following the review, a new way of delivering podiatry was proposed. The ICB commissioned Healthwatch to undertake work to ensure podiatry patients could give their views on the proposed model and voice any concerns.

Background

Podiatry is currently delivered by various service providers on behalf of the NHS in South Tyneside and Sunderland.

It is proposed that all services will be delivered by one provider, regardless of whether this is in community clinics, hospitals or the patient's home or care home.

This means some regular patients may see a change in staff, depending on who provides the service in future.

The aim is to help relieve issues with costs and staffing clinics and make transfers to different services smoother when a person's needs change.

Background

Locations

There are 30 clinic locations across South Tyneside and Sunderland and it is proposed that this is reduced to at least 18 (two clinics covering 30-50,000 population).

The aim is to reduce cost, make it easier to staff clinics and make sure clinics are used to their full capacity.

Numbers of appointments will not reduce, patients will still have some choices around which clinic to use and there will be a more even spread per population across Sunderland and South Tyneside.

The provider who wins the contract will have to work with patients and communities to decide on the future clinic locations and may choose to provide additional venues if they think this is appropriate.

Background

Eligibility/referral process

Self-care will be encouraged and any education around this provided for those who can manage their own care.

The aim is to free up clinics for those with the most need. It is proposed that patients will now be able to self-refer into podiatry as well as professionals being able to refer patients.

Referrals will be accepted through a single point of contact and need assessed against one clear, standardised set of criteria.

The aim is to get people to the right service more quickly and make sure clinic access is prioritised based on need.

Brief and methodology

North East and North Cumbria Integrated Care Board (ICB) commissioned Healthwatch Sunderland and Healthwatch South Tyneside (HWST) to attend NHS podiatry clinics to speak with patients and gather their views on the proposed changes and to give them an opportunity to have their say around any concerns or potential service improvement.

The ICB and Healthwatch developed a short survey which explored four different aspects of the proposals for podiatry services.

Views were obtained from patients in the following ways:

- Directly – HWST staff and volunteers documenting responses in person and from patients who phoned in for help to complete the survey
- Indirectly – patients were encouraged to complete a paper-based survey or scan a QR code to complete online
- Via web/social media – HWST encouraged uptake on its website and social media channels.

Brief and methodology

Healthwatch South Tyneside staff and volunteers were present in waiting rooms of NHS podiatry clinics at The Westoe Practice and Cleadon Park Primary Care Centre on the following dates to talk with patients and, with their consent, to gather their views on the proposed changes.

Date	Venue	Time
Monday September 11 th 2023	The Westoe Practice	2pm-5pm
Thursday September 14 th	Cleadon Park PCC	9am-12noon
Monday September 18 th	The Westoe Practice	9am-12noon & 2pm-4pm
Tuesday September 19 th	Cleadon Park PCC	9am-12noon
Thursday September 21 st	Cleadon Park PCC	10.30am-12noon
Tuesday September 26 th	Cleadon Park PCC	10am-12noon and 1pm-3.30pm

Brief and methodology

Open and closed questions were used to gain quantitative and qualitative data to aid understanding of patient perceptions of, concerns around and views (positive and negative) about proposed changes.

There were 89 patients who took part.

Patients were asked about:

- The move to one provider
- A reduction in clinic locations
- A focus on self-care
- Being able to self-refer

Questions and answers

Q1 – Provider

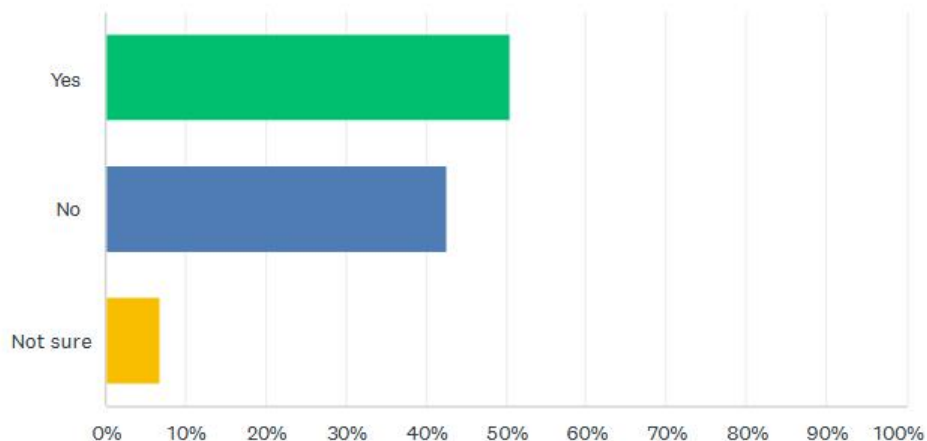
Podiatry is delivered by a number of different service providers on behalf of the NHS. The proposal is for all services to be delivered by one provider, regardless of whether this will be delivered in community clinics, hospitals or in the patient's home or care home. This means some regular patients may see a change in staff, depending on who provides the service in future. The aim is to help relieve issues with costs and staffing clinics and make transfers to different services smoother when a person's needs change.

Do you have any views or concerns about this?

Yes – 50.6%

No – 42.7%

Not sure – 6.7%



Questions and answers

Q2 – Provider

Please explain your answer in relation to question 1, so we can get an understanding of how you feel.

The fairly even split of 51% saying yes/43% saying no to having concerns about the proposed change to one podiatry service provider is reflected in the comments.

Those without concerns said things like ‘See different podiatrist each time. They all know their stuff’, ‘As long as services are the same’ and ‘As long as someone is coordinating should be fine’.

Others highlighted worries about waiting longer for appointments and the preference for continuity of care from the same podiatrist to ensure they knew and understood their conditions. Comments included: ‘Would prefer to keep to same person that person knows you’, ‘Yes I worry I won’t get seen as often’ and ‘This service is fantastic. I would be worried about seeing different podiatrist and (the) level of care’.

Questions and answers

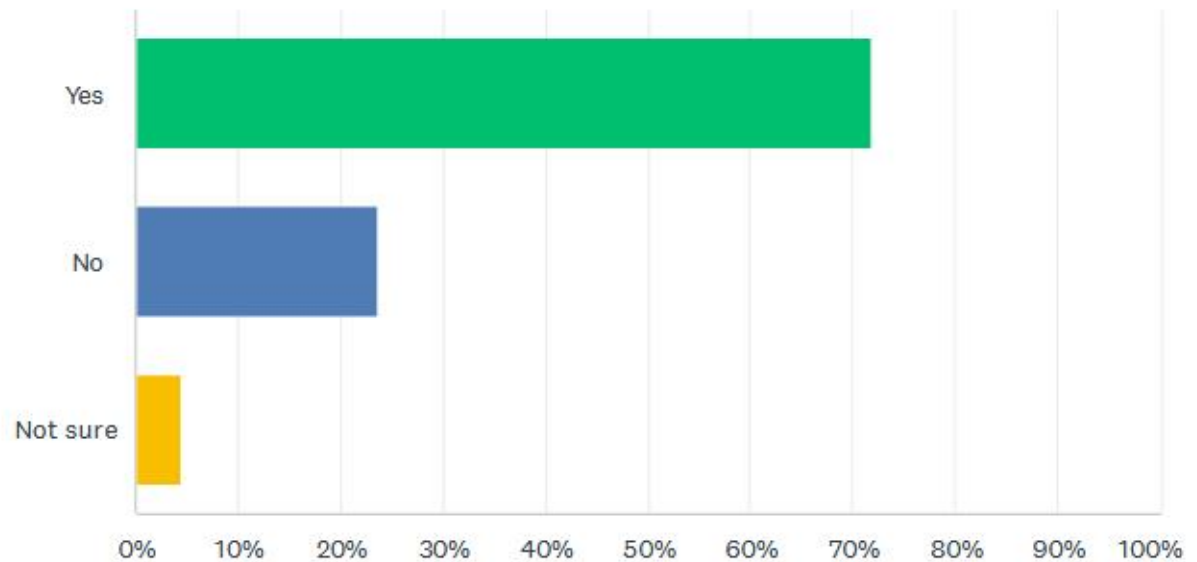
Q3 – Location

Do you have any views or concerns about possible locations for future podiatry appointments?

Yes – 71.9%

No – 23.6%

Not sure – 4.5%



Questions and answers

Q4 – Location

Please explain your answer to question 3 in detail so we can get an understanding of how you feel.

An additional 20% of respondents expressed concern over location than having a single provider and this was reflected in the comments, many about lack of public transport or parking and the need to use taxis to venues further away than at present.

They included: ‘Yes concern about location and distance to travel’, ‘I’d be worried if location changed’ and ‘Please ensure that South Tyneside patients have easy access to locations’.

Of the 24% who were unconcerned, comments included: ‘As long as in South Tyneside it'll be ok’, ‘Not worried as long as they are in South Tyneside’ and ‘South Shields fine, as long as not out of borough’.

Questions and answers

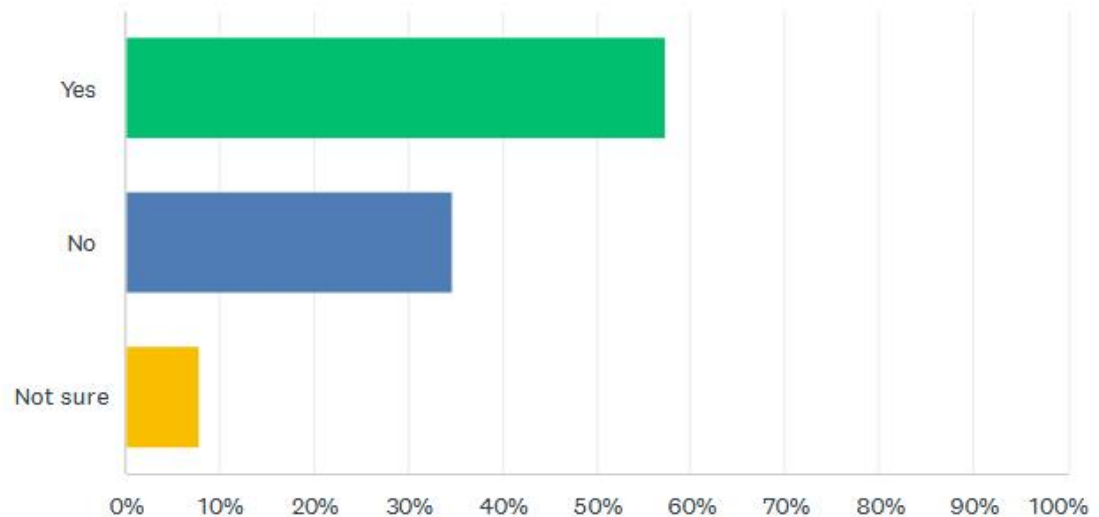
Q5 – Eligibility

Do you support the proposal to focus resources differently so that those who can manage their own care are supported in a different way (e.g. education)?

Yes – 57.3%

No – 34.8%

Not sure – 7.9%



Questions and answers

Q6 – Eligibility

If you answered no to question 5, please explain in detail so we can get an understanding of how you feel.

Around a third did not have concerns about people being supported to manage their own care and their feedback included: ‘If you can then you should’, ‘A good idea for those who can reach their feet’ and ‘If you can do it, it’s a good idea’.

Of the 57% who did express concerns, many centred on not having the right equipment and not knowing what to look for in terms of prevention. Comments included: ‘Better coming in to see someone’, ‘I know nothing about my feet, I wouldn’t manage’, ‘How on earth can you self-care when you are disabled?’ and ‘Good to be educated but I fear I may miss something’.

Questions and answers

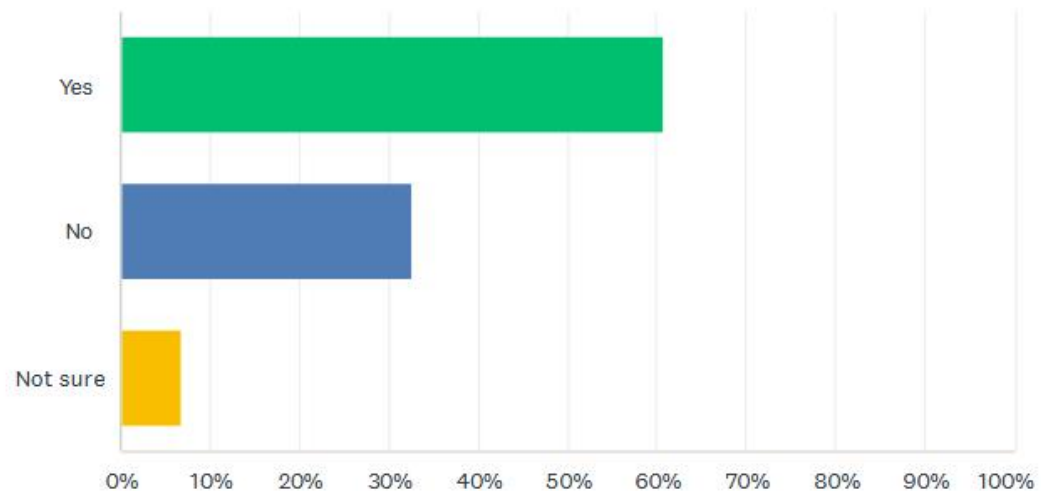
Q7 – Eligibility

Do you have any concerns around patients who can manage their own care now being supported to do so rather than attend clinic?

Yes – 60.7%

No – 32.6%

Not sure – 6.7%



Questions and answers

Q8 – Eligibility

If you answered yes to question 7, please explain in detail so we can get an understanding of how you feel.

Also on the subject of self-care, this question generated similar concerns about people not knowing what they were doing and this leading to worse conditions.

Of the majority (61%) against a move towards self-care, comments included: 'I think everyone should be seen to prevent any further problems', 'Best to see expert', 'Who decides which patients can manage their own care? That is my worry' and 'Some people might end up with problems after doing their own foot care like ingrown toenails, athlete's foot, hard skin'.

Respondents less concerned (33%) offered feedback including: 'Might free up appointments for those who need them more urgently', 'For people to judge' and 'If people can manage their own care they should'.

Questions and answers

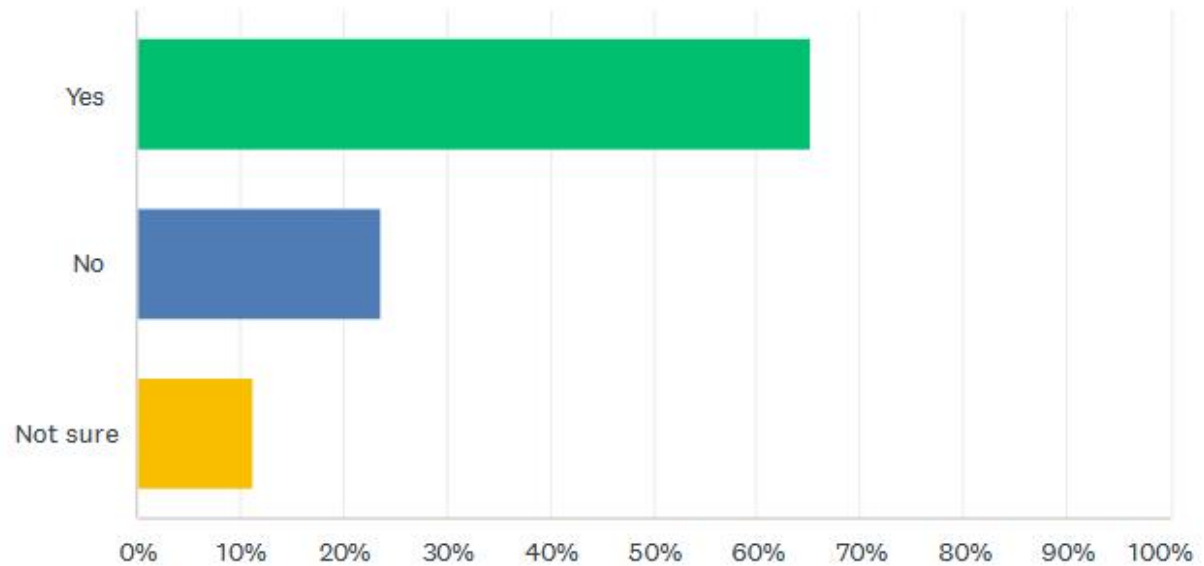
Q9 – Referral process

Do you have any views or concerns about the proposed referral process?

Yes – 65.2%

No – 23.6%

Not sure – 11.2%



Questions and answers

Q10 – Referral process

Please explain your answer to question 9 in detail so we can get an understanding of how you feel.

There was general concern about people not referring themselves for care because they would not recognise problems early or because less appointments would be available due to the move to self-care.

Two-thirds of respondents expressed concern, posing comments including: ‘Some vulnerable people may fall under the radar’, ‘I prefer it to be with the doctor so I can understand what’s happening’ and ‘Could be easier for the service but is the right technology going to be able to let this happen?’

Less than a quarter said they did not have concerns about self-referral. Their comments included: ‘I think it’s a good idea - I know my own body’, ‘I’ve no issues with this - I find this easy enough’ and ‘This is a common practice in other areas of healthcare’.

Questions and answers

Q11 – Postcode

Please tell us the first part of your postcode

NE31 - 1

NE32 - 6

NE33 - 20

NE34 - 39

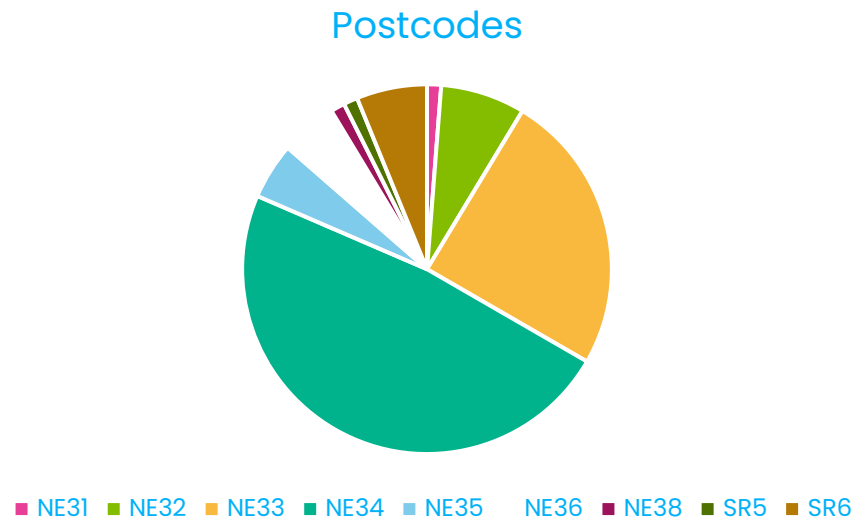
NE35 - 4

NE36 - 4

NE38 - 1

SR5 - 1

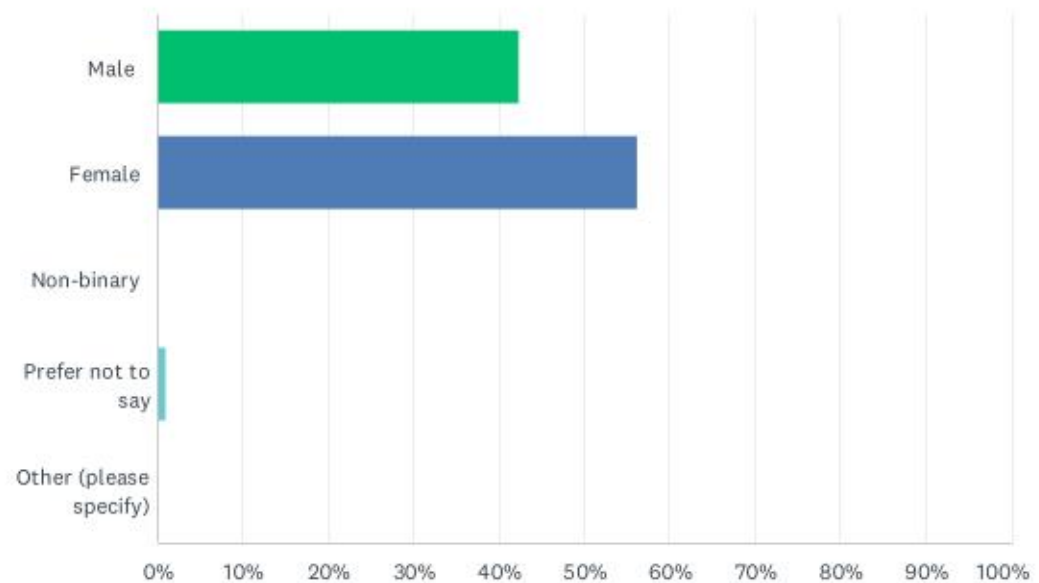
SR6 - 5



Questions and answers

Q12 – Gender

Please tell us which gender you identify with

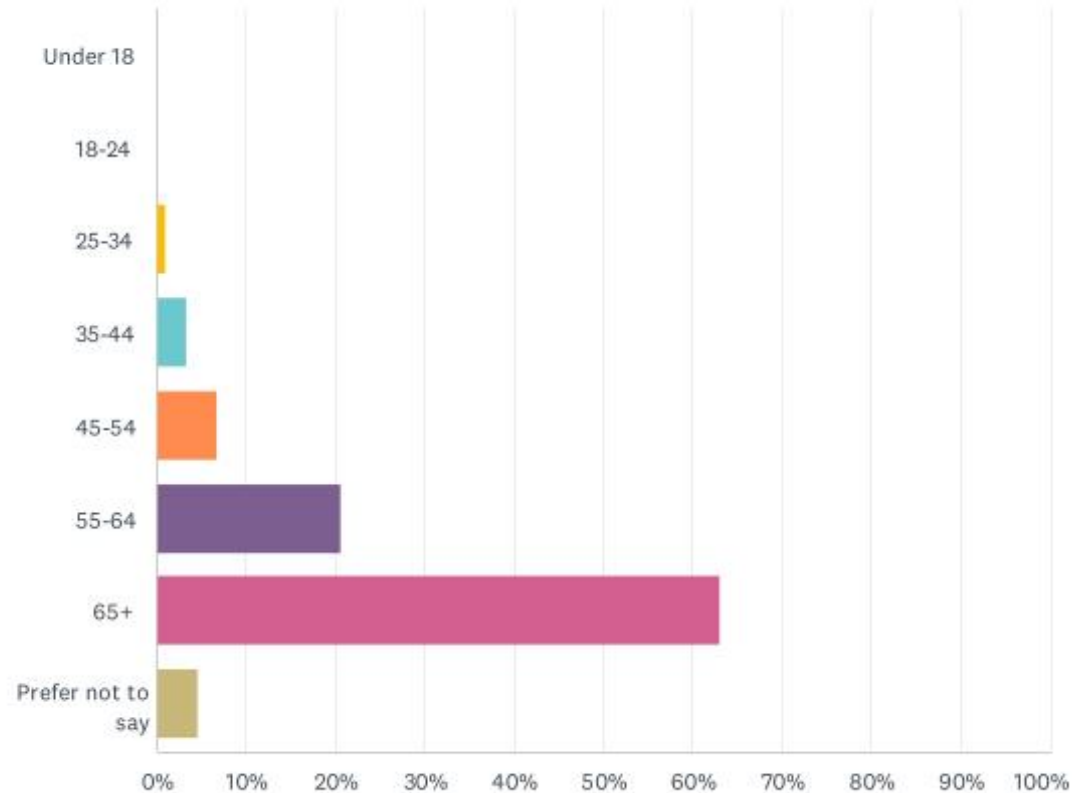


Questions and answers

Q13 – Age

How old are you?

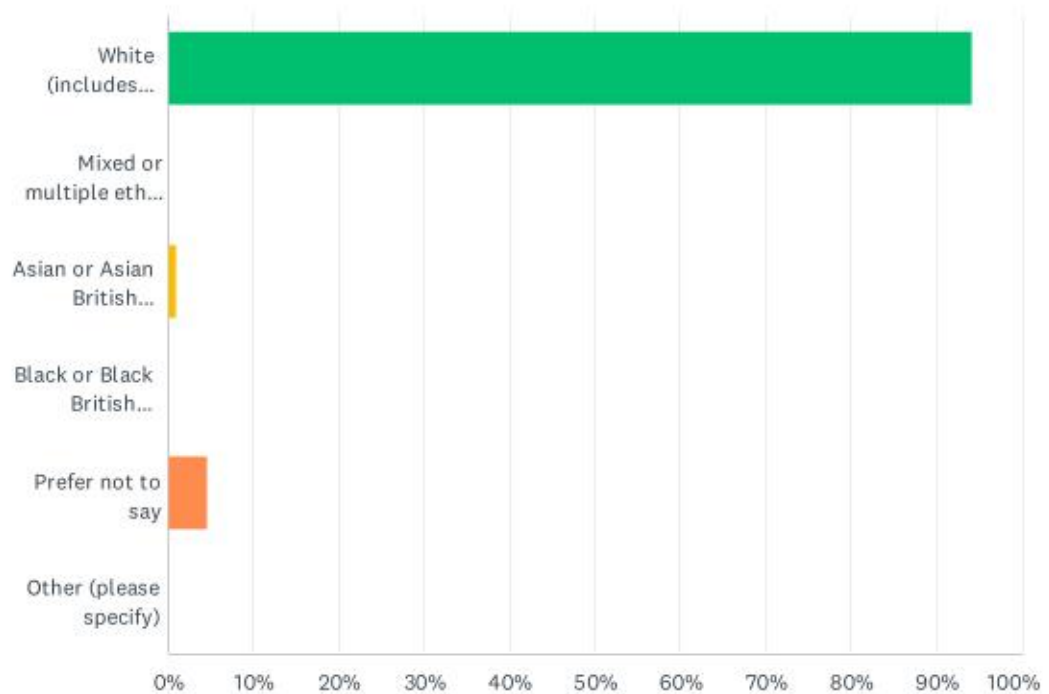
Nearly two-thirds of the respondents were aged 65+.



Questions and answers

Q14 – Ethnicity

What is your ethnicity?



Key findings

The overriding themes from the survey participants included:

- Wanting continuity of care with the same podiatrist
- Concerns that a move to self-care would lead to increased problems, with patients not having the knowledge to spot things early
- Accessibility – having less venues and potentially needing to travel further for treatment/the related expense if there was not direct public transport
- Management of the service/move to a single provider less of an issue; more the potential knock-on effect if this affected continuity of care

Key findings

Clear communication will be key to the success of changes to podiatry services.

Many patients were not averse to a single provider or a move towards self-care, but wanted to know how this would work in practice.

It will need to be stressed that the self-care agenda is designed to prioritise services for those who need them most, and that those who could not self-care due to age or disability would not be expected to do so.

Making clear that an initial assessment would always be carried out by a podiatrist prior to tutorials in self-care (for those patients able to manage this) will help assuage concerns.

Confirming the range of appropriate foot care products and aids that would be provided for self-care would also be helpful.

Venues for consultations and treatment with good public transport links would aid accessibility for the many service users without private transport.

Response from commissioners

North East and North Cumbria Integrated Care Board (ICB) which plan and pay for NHS podiatry services in South Tyneside and Sunderland, gave the following detailed response to the patient feedback contained in the reports by Healthwatch South Tyneside and Healthwatch Sunderland.

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.

Response from commissioners

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

Response from commissioners

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.

Response from commissioners

Patients were also informed of the following:

- 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.

Response from commissioners

Patients were also informed of the following:

- 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.

Response from commissioners

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 from commissioners

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.

Response from commissioners

Response

- 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.

Response from commissioners

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.
- 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.

Response from commissioners

Location

Response

- 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.

Response from commissioners

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 from commissioners

Eligibility

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.

Response from commissioners

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**.

Response from commissioners

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

For more information

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