



**Healthwatch Gloucestershire
Task Group Report**

**Podiatry and Foot Care Services
in Gloucestershire**

September 2015

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Disclaimer: *Please note this report is not a representative portrayal of the experiences of all service users, only an account of what was observed, obtained or received by the HWG podiatry task group during its lifetime.*

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1 Introduction

Healthwatch is the local, independent consumer champion for health and social care giving patients, public, service users, their carers and families a stronger voice in how health and social care is planned and provided.

It exists in two forms: Healthwatch England (HWE) at national level, established in October 2012 and local Healthwatch, established in April 2013. Healthwatch England provides support and guidance to the 148 local Healthwatch organisations and uses evidence supplied locally to highlight issues and trends in order to inform and improve local health and social care services and influence national policy. Through the local Healthwatch network and by receiving views directly, Healthwatch England will ensure the public voice is heard by the Secretary of State for Health, the Care Quality Commission (CQC), NHS England, Monitor and local authorities in England.

A key role for local Healthwatch is to promote local voices, particularly the seldom heard. It does so by gathering the views and experiences of patients and the public and providing feedback to the commissioners and providers of these services and other bodies including Healthwatch England, NHS England, Monitor, CQC, the Health & Care Overview and Scrutiny Committee (HCOSC) and the Health and Wellbeing Board (HWB).

The Healthwatch Gloucestershire (HWG) Podiatry Task Group was formed to review the services available for podiatry and foot care and to report back its findings. The structure of this report is presented as follows:

- [Section 2](#) provides an executive summary including an outline of the recommendations regarding podiatry and foot care provision in Gloucestershire
- [Section 3](#) describes how the task group was created and conducted and the processes used for gathering information
- [Section 4](#) sets out the research carried out to gather evidence from commissioners, providers and service users
- [Section 5](#) makes conclusions about current podiatry provision based on the key findings
- [Section 6](#) sets out the recommendations of the HWG Podiatry Task Group for improving podiatry provision in Gloucestershire

2 Executive summary

In June 2014, HWG set up a task group to review podiatry and foot care services in Gloucestershire, taking into account the views of patients, carers and other members of the public in order to identify issues and make recommendations to the commissioners and providers to improve service user experience.

The primary concerns for Podiatry users, raised by users of HWG services and investigated over the last year by the task group, related to:

- Patient confusion about the difference between Podiatry and foot care
- Lack of basic NHS foot care services in for those with social/age related needs
- Choice and affordability of private foot care services when not eligible for NHS treatment
- Difficulties making telephone appointments
- Long waits for initial assessment or between appointments
- Communication issues between Podiatry patients and Orthotics services
- Health risks for Diabetics and vulnerable people when foot health declines/is not attended to

Taking into account all the evidence gathered alongside the key findings, the Podiatry Task Group makes the following conclusions and recommendations:

Conclusions

- 1 Overall satisfaction with Podiatry services in Gloucestershire is good however general foot care services are in high demand and in low supply. Some people experience long waits from referral to assessment at their first appointment
- 2 Early intervention/preventative foot care is needed and there are best practice models available in the UK for delivering services in partnership with NHS services
- 3 Patient information lacks clarity about access to general foot care services and eligibility criteria for treatment within the NHS
- 4 Booking systems have improved enormously, patients are reporting fewer difficulties making appointments and SystmOne allows for closer monitoring by Gloucestershire Care Services (GCS)
- 5 A lack of admin support at some Podiatry clinics has a negative impact on both the patient's experience and the Podiatrists workload

- 6 Diabetics receive annual foot care checks and are very complimentary about the service provided. Not all Diabetics will receive free foot care as part of their treatment.
- 7 Patients using Podiatry and Orthotics services are affected by poor communication between services and conflicting diagnosis. There are no quality standards in relation to Orthotics and service experience for patients needs improving.
- 8 Care home residents need foot care as part of their basic package of care. There is also demand for a home care service
- 9 Private foot care services are unaffordable for some people or of limited availability in some areas of the county. The Voluntary and Community sector are providing affordable options in rural communities

Recommendations

- 1 A co-ordinated approach in the commissioning of safe and effective early intervention foot care (GCCG and GCC)
- 2 Consider an increase in the number of podiatrists to meet the demand generated by a growing older population (GCCG)
- 3 Provide additional administrative support, particularly in busier clinics (GCS)
- 4 Undertake a patient awareness and education campaign to manage expectations and inform (GCCG and GCS)
- 5 Introduce Diabetic Multi-disciplinary foot care teams (GCCG)
- 6 Review Orthotic provision in the county to prevent confusion and delays in treatment (GCCG)
- 7 Provide more effective foot care in care homes (GCC)

(Further details of the recommendations can be found in [Section 6.](#))

3 Methodology

Creation of the task group

In 2009, HWG's predecessor Gloucestershire Local Involvement Network (LINK) convened a task group to look at podiatry services locally and in August 2010 a report was produced with conclusions and recommendations. The report was then sent to the commissioners and providers of the service for response.

The report and responses can be found at <http://bit.ly/LINKReport2010>

HWG replaced LINK on 1st April 2013 and as part of its legacy recommendations, set up a task group to review podiatry services in Gloucestershire.

The task group was set up in June 2014. The Terms of Reference agreed by the HWG board outlined the following aims:

- To review podiatry and foot care in Gloucestershire, taking into account the views of patients, carers and other members of the public
- To identify issues and make recommendations to the commissioners and providers to improve service user experience
- To ensure that the patient is at the centre of the whole process

See [Appendix 1](#) for the full Terms of Reference.

The Task Group members

The podiatry task group was made up of 11 HWG members, all with experience and knowledge of podiatry services and chaired by a member of the HWG board. One member also represented Gloucester Diabetes Group.

The meetings and speakers

A total of 12 task group meetings were held between June 2014 and March 2015. Speakers from partner organisations were invited to attend in order to provide information, including Gloucestershire Care Services NHS Trust (GCS) (who outlined current podiatry provision in the county), Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT), the Independent Health Complaints Advocacy Service SEAP (Support, Empower, Advocate and Promote) and Gloucestershire County Council (GCC). The General Manager for Trauma and Orthopaedics from GHNHSFT was unable to attend due to transfer to a new post at GCCG so a Request for Information was sent outlining the information required (RFI 3, [Section 4.8](#)).

See [Section 4.4](#) for details of the talks.

Review of policies

The task group obtained current policies and procedures from all relevant commissioners and providers of podiatry services locally and also reviewed national policies, guidelines and other relevant reports. Members looked at changes in provision over the last five years and the practical response of commissioners and providers to the recommendations made in the 2010 LINk report. The group then compared the policies in place against actual patient experience to identify gaps in quality and provision and suggest areas for improvement or change.

See Sections [4.2](#) and [4.3](#).

Patient and public feedback

Between April 2013 and March 2015, HWG gathered 89 comments relating to podiatry services through community engagement activity and calls to the HWG information helpline.

In September 2014, a number of Gloucestershire Village and Community Agents were invited to attend a workshop to discuss issues experienced by the older people to whom they provide information and support. Intelligence was gathered at this workshop for the three HWG task groups, including podiatry.

See Section [4.5](#).

Requests for Information (RFIs)

HWG uses the RFI process to gather information to inform decision-making about next steps and ensure research carried out by the task group is rigorous, accurate and documented. Organisations receiving an RFI have a statutory duty to respond within 20 working days. It is not a Freedom of Information request.

The task group submitted six formal Requests for Information to commissioners and providers of podiatry and foot care services to clarify understanding of policy and practice or ask specific questions.

See Section [4.8](#).

The HWG podiatry survey

In autumn 2014, HWG circulated a survey developed by the task group to current podiatry service users to assess satisfaction levels with the appointment booking process and the availability and quality of services. Hard copies of the survey were made available at 12 podiatry clinics, to Gloucester Diabetes Group members and upon request from HWG or Village and Community Agents. Details of the online version of the survey were circulated via social media networks and parish magazines, emailed to HWG members and GP practice managers and promoted by Village and Community Agents at lunch clubs, as well as being printed in hard copy.

See Section [4.7](#).

‘Enter and View’

‘Enter and View’ is a power that can be used by local Healthwatch to gather information that cannot easily be obtained in any other way. There must be a clear reason for carrying out an ‘Enter and View’ fact finding visit, based on evidence of need gathered elsewhere.

‘Enter and View’ is one of a range of tools available to local Healthwatch for gathering information and monitoring the quality of services, to be used when appropriate to support an agreed purpose. It is neither a last resort nor a first choice option’.

(HWG ‘Enter and View’ Policy, April 2015) <http://bit.ly/HWGEnterandView2015>

‘Enter and View’ visits were discussed at length by the task group, taking into account the findings of the HWG podiatry survey and other evidence obtained. In January 2015 it was concluded that it was not necessary to undertake ‘Enter and View’ visits.

Constraints

1. The General Manager for Trauma and Orthopaedics was due to leave GHNHSFT creating an interim gap in knowledge/experience of the issues raised by orthotics patients. An RFI was submitted and responded to before she left but her explanation of orthotics services *“provided by different Trusts who co-operatively procure the orthotic contract”* caused further confusion and generated an RFI to GCCG. GCCG’s response confirmed the task group’s understanding that *“GCCG commissions all orthotics services from GHNHSFT”*.
2. The results of the HWG podiatry survey captured a sample of experiences of existing patients. It does not include the views of people who are not using the podiatry service due to lack of information/awareness, a presumed ineligibility for foot care services or difficulties getting through to make appointments - all issues raised in comments shared with HWG by members of the public through community engagement activity and calls to the HWG information helpline.

4 Evidence gathering

4.1 Background: LINK report review

The LINK report (2010) made five recommendations for improving podiatry provision in Gloucestershire:

- Expanding the ‘Best Foot Forward’ scheme as a jointly commissioned countywide foot care service
- Training practice nurses to include foot assessments as part of diabetic checks
- Improving systems for making appointments and enabling patients to self-refer
- Access to podiatry services on long-stay wards in hospital
- More comprehensible patient information leaflets

In the five years since the LINK report the task group found that:

- The 'Best Foot Forward' scheme is no longer available and foot care is only provided to patients with a medical/podiatric need
- Diabetic foot assessments are being carried out
- Some improvements have been made to the booking/self-referral system
- In-patients who meet the medical/podiatric need are receiving foot care in hospital
- Patient information leaflets and the GCS website are under review

HWG patient feedback in June 2014 when the task group work commenced suggested the key issues for podiatry service users were:

- **Patient confusion** about the difference between podiatry (which covers any painful foot conditions or mobility problems related to a foot/ankle condition) and foot care (the basic tasks a person should be able to carry out for themselves). Toe nail cutting no longer exists within the NHS unless there is a medical/podiatry need and patients are confused about how this is determined.
- **Access to general foot care services** - lack of NHS provision for those with a social/age/health related need as opposed to a medical/podiatry need.
- **Access to information** - patients are unclear about what is/isn't available on the NHS and what the alternative options are e.g. private foot care services.
- **Making appointments** - difficulty getting through on the phone and a lack of awareness and confusion about which number to call or the alternative self-referral process.
- **Long waits** for an initial assessment or between appointments.
- **Issues for diabetics** - foot care is included in annual reviews for diabetics but they are not automatically recalled; the onus is the patient to book.
- **The cost of foot care** when not eligible for NHS Podiatry. Paying for private foot care services is prohibitive for some people especially those who are older and on limited incomes.
- **Access to joined up services** - difficulties for patients requiring both GCS podiatry services and GHNHSFT orthotics services.

4.2 National policies, guidelines and reports

The task group reviewed the following:

Department of Health: *Foot care - foot care services for older people: a resource pack for commissioners and providers.* 2009. <http://bit.ly/DOHFootcare2009>

A guide defining what foot care is, why it is important and the role that early and regular foot care services have in preventing serious health problems, particularly in older people. It outlines the risk of lost independence and self-confidence as a result of painful foot problems and impaired mobility and falls for people who can no longer attend to their own feet and don't have an NHS foot care service locally to help them. It offers five potential models of safe and effective foot care provision and includes several cases studies including:

- Sheffield PCT Podiatry Empowerment Project (Appendix 10) which was introduced to relieve pressure on the NHS and manage a waiting list of 2,500 patients by empowering suitable low-risk low-needs patients to self-care instead of automatically providing care through the podiatry service. As a result the waiting list was eliminated within four months and there was improved satisfaction with the podiatry service among patients, carers and GPs.
- A foot care service commissioned by Westminster PCT, delivered by trained foot care assistants who are supervised by registered podiatrists and have easy access to qualified staff where clinical needs change beyond their scope of practice.

“It makes sound financial sense to invest in relatively low-cost, low-level services in order to prevent the need to provide more costly treatments at an acute stage.”

Department of Health: *Achieving age equality in health and social care: NHS practice guide.* 2010. <http://bit.ly/DoHAchievingAgeEquality2010>

Outlines the need for commissioners to ensure older people have equitable access to basic foot care. States that the provision of NHS foot care services does not meet the need and that there is evidence for the cost-effectiveness of foot care services. Asserts that improving access to foot care services improves quality of life and helps to identify and mitigate health risks at the earliest stage.

“Foot care services are important for wellbeing and continued mobility in older people but foot problems are given low priority in the NHS and foot care services appear to be under-resourced which affects older people disproportionately.”

Department of Health: *Operational guidance to the NHS: extending patient choice of provider.* 2011. <http://bit.ly/DoHPatientChoice2011>

Provides guidance to commissioners and providers on implementing the Government's commitment to extend patient choice of provider. It is based on the coalition Government's white paper *Equality and Excellence: liberating the NHS* and outlines the core values and

principles of the NHS: a comprehensive service, available to all, free at the point of use, based on need not ability to pay. States that the Government introduced measures to enhance competition in the healthcare sector, with a view to encouraging a wider range of providers and that podiatry was one of eight services to be opened to the 'Any Qualified Provider' (AQP) scheme in 2012/13, enabling providers from the private sector to compete for NHS contracts; importantly, the scheme was focused on the provision of non-specialist general podiatry.

“By choice of AQP we mean that when patients are referred for a particular service, they should be able to choose from a list of qualified providers who meet NHS service quality requirements, prices and normal contractual obligations.”

“The qualification process will ensure that all providers offer safe, good quality care, taking account of the relevant professional standards in clinical services areas.”

“Our goal is to enable patients to choose any qualified provider where this will result in better care.”

Diabetes UK: *Putting Feet First: the national minimum skills framework for commissioning of foot care services for people with diabetes.* Revised 2011.

<http://bit.ly/DiabetesUKSkillsFramework2011>

States that over 3 million adults in England have diabetes (diagnosed or undiagnosed) and that disease of the foot remains a major threat to people with diabetes. Talks about how the 'Putting Feet First' campaign advocates the need for an integrated foot care pathway to ensure the right treatment at the right time in the right place is received, the need to educate people with diabetes and their carers about how to look after their feet and the risk of poor management of foot health.

Explains how the skills framework helps local service providers to deliver high quality foot care services for people with diabetes and defines the services to which each person with diabetes should have access for both prevention and treatment of foot disease. The skills framework defines the constitution and responsibilities of the teams necessary to provide these services: the Foot Protections Team (FPT) has a primary role to play in prevention and the Multi-disciplinary Foot care Team (MDFT) which should co-ordinate the management of all new disease; the FPT and MDFT must work closely together to ensure pathways of care provide a prompt and effective response.

“Disease of the foot is estimated to account for 20 per cent of the total cost of diabetes care in UK. There are 70 amputations a week, of which 80 per cent are potentially preventable.”

Diabetes UK: *Putting Feet First - fast track for a foot attack: reducing amputations.* 2013.
<http://bit.ly/DiabetesUKFootAttack2013>

States that each week in England there are around 120 amputations in people with diabetes and that the majority of diabetes-related amputations are caused by a “foot attack” - a foot ulcer or

infection failing to heal; when people with a foot attack get rapid access for treatment by a specialist multi-disciplinary foot care team (MDFT) this has been shown to promote faster healing and fewer amputations, saving money and lives.

Sets out key recommendations for GCCGs in England including establishing multi-disciplinary foot care teams to manage the care pathway of patients with diabetic foot problems who require in-patient care.

It provides a web link giving details of a foot care pathway published by Diabetes UK which supports NICE guidance and has been agreed by organisations of diabetologists, podiatrists, people with diabetes and other experts:

http://www.diabetes.org.uk/Documents/Professionals/Education%20and%20skills/Foot_care_pathway.0212.pdf

“Over £119 million is spent each year in England on diabetes-related amputations. It is projected that there will be over 7,000 diabetes related amputations in England by 2014/15 if urgent action is not taken to reduce these. Only 50 per cent of people with diabetes who have an amputation survive for two years. The relative likelihood of death within five years following amputation is greater than for colon, prostate and breast cancer. Amputations have been reduced by over 50% where hospitals have introduced multi-disciplinary foot care teams and promoted rapid access to them. In addition, through the reduction of costly amputations, such teams can save over four times their cost”

“Improving diabetes foot care and reducing amputations saves lives and saves money. It also impacts considerably on health outcomes and all five domains of the NHS Commissioning Board by:

- *preventing people from dying prematurely*
- *enhancing quality of life for people with a long-term condition*
- *helping people recover from episodes of ill health or injury*
- *ensuring a positive experience of care*
- *protecting people from avoidable harm”*

Diabetes UK in Partnership with the NHS: *Putting Feet First - commissioning specialist services for the management and prevention of diabetic foot disease in hospitals.* 2009.
<http://bit.ly/DiabetesUKFootAttack2013>

States that diabetes is a serious condition that can lead to complications including heart disease, stroke, kidney failure, blindness and amputation and that the delivery of safe, clinically effective and person-centred care is an essential part of achieving the aspirations of the NHS Next Stage Review. Adds that one in three people with diabetes do not realise that having the condition puts them more at risk of having an amputation.

Describes how specialist services for the management and prevention of diabetic foot disease should be adopted by all hospitals providing emergency medical care and that hospitals which lack such services should have a local development and implementation plan in place to ensure that any diabetic foot disease is managed optimally in every patient admitted to their care. Includes a clear pathway of care for those admitted to hospital with active foot disease and for

prevention of the onset of new foot disease in patients admitted for unrelated reasons.

“It is reported that up to 100 people a week in the UK have a limb amputated as a result of diabetes. People at highest risk are those who have a previous history of ulcers, neuropathy or nerve damage and circulatory problems. Foot ulcers and other changes need to be assessed as soon as possible by an expert team. The longer they are left untreated, the greater the risk of deterioration and loss of the limb, with all the resultant adverse effects on mobility, disfigurement, mood and independence.”

Department of Health - *The Care Act*. 2014. <http://bit.ly/TheCareAct2014>

From 1st April 2015 there is a duty on local authorities to provide information about services that prevent, reduce or delay the development of care and support needs. The Care Act reforms the way in which adult social care and support is provided and financed and aims to put people in control of their care, with the support they need to enhance their wellbeing and improve their connections to family, friends and community. A lack of information and access to general foot care services would impact these outcomes for some people.

“It is critical to the vision of the Care Act that the care and support system works to actively promote wellbeing and independence and does not just wait to respond when people reach a crisis point.”

Guidance for Care Homes <http://www.gcpa.co.uk/>

The Gloucestershire Care Providers Association Business Co-ordinator was contacted regarding protocols for care providers. He said he was not aware of any national guidelines but provided the following information:

- He said that foot care within a care home is a local setting agreement and organised by the home itself and local foot care providers.
- Two examples were provided of local care homes who arrange for a private chiropodist to visit every four to six weeks as part of their ‘Duty of Care’ to residents. The charge is passed on to the resident if foot care is classed as a ‘non-nursing need’, regardless of whether the resident is self-funded or funded through the local authority. If a resident has a ‘nursing/medical need’ for podiatry, a referral is made to the NHS podiatry service. Both homes stated that staff will not provide basic foot care e.g. toe nail cutting.
- The website address for the W & P Assessment & Training Centre was provided - www.wandptraining.co.uk. This organisation supplies comprehensive care training courses for care/nursing/residential homes and domiciliary settings. The website includes guidelines about providing foot care based on medical conditions (see Appendix 8).

The Journal of Foot and Ankle Research: *The impact of workforce redesign policies on role boundaries in ‘generalist’ podiatry practice: expert views within the professional body.* 2014. http://bit.ly/Research_roleboundaries2014

The views of 61 expert podiatry practitioners, shared through focus groups and interviews, forms the basis of this study. Three key themes emerged, reflecting concerns about the future of generalist podiatry practice in the NHS, a perceived likelihood that generalist care will move towards private sector provision and a growth in support worker grades undermining the position of generalist practice. It says that questions arise about the future role for generalist practitioners in the provision of foot care services in the NHS. It also forecasts a projected gap of 4,500 podiatrists to manage the current podiatry caseload in the UK.

“An emphasis on enhanced and specialist roles in podiatry by NHS commissioners and profession alike may threaten the sustainability of generalist podiatry provision in state funded NHS. Non-specialist general podiatry may increasingly become the province of the private sector.”

“Podiatrists in general practice already delegate certain lower tasks to assistant grades, a common practice among health professionals.”

Skills for health - working paper series: *The Healthcare Support workforce: a case for ongoing development and investment.* 2014. <http://bit.ly/HealthcareSupportWorkforce2014>

This paper advocates training healthcare assistants to take the strain off podiatrists. The paper explores the extent to which better utilisation of support workers can contribute to greater efficiency, reduction in costs and improvements to the quality of services.

It includes a case study (Appendix 9) relating to South Birmingham NHS who identified the need for routine nail care after *“discharging more than 4,000 patients from its podiatry service who simply required their nails cutting”*. The Trust worked with Birmingham Metropolitan College to devise a training course for nail carers with the aim of producing qualified nail carers who would work independently from the NHS and whose clients would book and pay for the service themselves. In November 2013 a new Level 2 Award Nail Cutting and Care qualification was introduced in England and Wales, and to date (at the time of the case study) more than 120 people have completed the qualification. People such as nurses, beauticians and pharmacy technicians have now been able to add Nail Caring as an extra qualification into their current role and independent Nail Carers have set up their own businesses. Waiting times for people needing podiatry services have subsequently dropped and podiatrists can now focus on higher risk, more complex cases. GPs can now make direct referrals to accredited nail carers, saving time and money and acting as a preventative measure for mobility issues and falls caused by poor toe nail care.

The paper also emphasises the importance of administrative staff:

“There is a role for administrative functions to improve the co-ordination of care in an increasingly complex health care environment.”

National Orthotics Campaign. www.orthoticscampaign.org.uk

The campaign is run by a group of service users and health professionals who believe that NHS Orthotics provision in England needs radical reform. The website describes how patients are waiting for months to obtain correct orthotic devices and that where these patients are children this means devices can be outgrown almost as soon as they arrive. It says that slow orthotics provision not only compromises the wellbeing of patients but also wastes tax payers' money.

“Good orthotics care can help mobility, prevent deformity, prevent amputation, reduce the need for orthopaedic surgery and prevent/reduce dependency on a wheelchair. For every £1 spent on orthotics the NHS saves £4 elsewhere” quoted on the campaign website from ‘*Orthotic Service in the NHS: improving service provision 2009*’

N.B. HW Staffordshire escalated issues raised by the campaign to HW England who commissioned a review - see below.

Healthwatch England. *Improving the quality of orthotics services in England: a round table event. March 2015. (Interim papers only available to HW offices)*

A round table discussion of orthotics services in England, bringing together commissioners, service users, professional associations and clinical leads. Discussions focused on barriers to effective local commissioning and solutions to address these, case studies of effective commissioning and service model and workforce planning issues. NHS England asked commissioners and NICE for their views on the current lack of any quality standards in relation to orthotics services. A full report of the conclusions and findings will be available summer 2015.

Healthwatch England Social Media discussion forum - *Yammer chat regarding podiatry/orthotics related work in other Healthwatch areas. October 2014. (Yammer is a social media network used by HW offices to discuss shared issues)*

One other HW team had raised issues relating to access to podiatry services for diabetics as many do not meet the high criteria for free podiatry. The local Community Services Trust has introduced a fee-paying service which is cheaper than private providers but is still expensive for people on low incomes. The Trust has agreed to look at opening another clinic in a part of the county where transport is poor and the local HW team will become involved in their service review. Update June 2015: the threshold for access to NHS podiatry has been clarified, improving access for some people. The revised policy is awaiting ratification by the GCCG. The opening of a new fee-paying clinic in one part of the county has not happened for a variety of reasons including a major move of services to a new lead provider.

Also see earlier reference to HW Staffordshire's work with the National Orthotics campaign.

Guardian newspaper - *Future of the NHS workforce: from nail cutters to doctors' assistants*. 24th February 2015. <http://bit.ly/Nailcuttersneeded2015>

“The creation of nail care assistants, for example, has helped reduce the waiting times for podiatry appointments from two years to six weeks. Nobody sees nail cutting as a big thing but 30% of the over-65s can’t cut their own toe nails - that’s 2.7 million people.”

BBC online news article - *Foot-care failure 'causes misery'*. 19th August 2007. <http://news.bbc.co.uk/1/hi/health/6950259.stm>

An article reporting the launch of the Age Concern “Feet for Purpose” campaign.

“Older people are being left housebound and disabled by a lack of NHS foot-care services in England, Age Concern says. It cites Office for National Statistics figures from 2001 suggesting a third of over-65s cannot cut their own toe-nails and struggle to access NHS services. Some are even trying to cut their nails with gardening shears, the charity said as it launched a campaign on the issue.”

4.3 Local policies and guidelines

The task group reviewed the following:

Gloucestershire Care Services: *Podiatry Service website*. <http://bit.ly/GPSwebsite>

The GCS website provides information about what podiatry is, what services are included, how to see a podiatrist, podiatric surgery, services for people with a medical need (e.g. diabetics) and the footwear service. States that foot care for social reasons does not exist within the NHS.

“Podiatry covers any painful foot conditions or mobility problem related to a foot/ankle condition and especially those complicated by conditions such as diabetes or arthritis. However, NHS podiatry does not include simple nail cutting for social reasons (e.g. just because the patient cannot reach).”

Gloucestershire Podiatry Services: *Podiatry referral guidelines - briefing note from the Head of Podiatry to staff*. 2008. (Internal document provided by Gloucestershire Podiatry Service.)

States that referrals to the podiatry service are accepted from any health and social care staff or via self-referral by the patient. Explains that there are specific specialist podiatry services that are GP referral only such as podiatric surgery, podiatric practitioner, minor surgery and domiciliary visiting.

States that acceptance for treatment to all podiatry services is on the basis of medical and/or podiatry need and that when it is not clear that the patient has either of these needs the podiatry service will ask for further information from a healthcare professional (usually GP). “The commonest reason for this would be a patient attempting to gain access to podiatry stating

they were a pensioner and entitled to the service but with no obvious medical/podiatry need.”

“For patients who are not eligible for NHS podiatry there are a number of care pathways that can be offered. This may include referral to ‘social’ foot care services which are provided by various other agencies. Unfortunately they are not available in all parts of the county.”

Gloucestershire Podiatry Services: *Individual management plan: policy and user guide. 2010. (Internal document provided by Gloucestershire Podiatry Service.)*

Outlines use of the Hounslow and Spelthorne model for assessing eligibility, together with an objective scoring method. It is used as a tool by podiatrists and completed when podiatric intervention is required and outlines the following policy:

“All individuals who are referred to Podiatry Services will be assessed to determine which pathway of care is indicated. The assessment will consist of:

- a) Questioning to determine the presenting problem and expected outcome*
- b) Review of medical status*
- c) Vascular and neurological examination*
- d) Biomechanical examination (if required)*
- e) Footwear evaluation*
- f) Evaluation of social circumstances (married, carer, reach feet)*
- g) Diagnosis”*

Gloucestershire Podiatry Service: *Personal toe nail care on the wards at Cheltenham General and Gloucestershire Royal Hospital: all you need to know. 2013*

Provides guidance for healthcare providers about assessing need and providing basic nail care safely or referring on to the podiatry service. Details what the podiatry service specifically offers and provides general information for showing patients how to look after their feet and carry out basic foot care.

“In Gloucestershire foot care services have changed dramatically over the last few years. NHS foot care provision is now based on medical/or podiatry needs. The traditional chiropody service role of just cutting peoples toe nails no longer exists.”

Gloucestershire Care Services: Podiatry service patient information leaflets. (Copies provided by Gloucestershire Podiatry Service.)

- What to expect at your podiatry assessment, 2011
- How to look after your feet, 2011
- Care of the neuropathic foot, 2010
- The musculoskeletal clinical assessment and treatment
- Gloucestershire podiatry service referral form

N.B. the leaflet 'Eligibility criteria for NHS podiatry services' (2007) is no longer in use.

Gloucestershire Care Services: Your Feedback Counts survey, 2014

Sample copy of the 'friends and family' survey used to gather feedback from patients.

The task group discussed the format of this survey with the GCS Patient Experience Team when developing the HWG podiatry survey in autumn 2014.

Gloucestershire Hospitals NHS Foundation Trust: Policy on the provision of orthoses for adults and children. (Adults' policy June 2012, Children's policy October 2011) (Internal document provided by GHNHSFT)

"There is an agreed patient allowance. Patients are entitled to free orthoses as per this policy. If the patient requires or wishes to have orthoses above the agreed entitlement the patient can purchase this at an extra cost."

"Adaptations, the following will apply: a maximum of three pairs of shoes and one pair of insoles can be adapted in the first year and one pair in subsequent years."

"Bespoke footwear (NHS provision), the following criteria will apply: one pair of footwear will be issued initially and a second pair after satisfaction with the first pair."

Gloucestershire County Council: Intimate personal care and clinical tasks document. 2011.
<http://bit.ly/GCCPersonalCare2011>

Outlines the social care policy in relation to all aspects of personal care including nail care.

"Foot care should be treated with caution. A risk assessment must be completed to see if the service user is suitable and only staff who have received training from the NHS Gloucestershire Podiatry Service should undertake the task of cutting toe nails or using a pumice or file on dry skin. If there are needs in excess of basic foot care, the person should be referred to the podiatry service of NHS Gloucestershire."

4.4 Specialist talks by service providers

Gloucestershire Care Services - 7th July 2014

The Head of Gloucestershire Podiatry Service attended the second meeting of the task group to give a presentation and answer questions about current provision that had been emailed in advance. Through his responses to these and to additional concerns subsequently raised by task group members he was able to clarify:

- the difference between podiatry and foot care
- the changes to the provision of toe nail cutting services since the LINK report (and why general foot care is not available to all patients using podiatry services)
- the circumstances in which foot care is available on the NHS and who can provide chiropody services privately (further clarification of the eligibility criteria was provided following the meeting - see RFI 1, Section [4.8](#))
- what support is available through GPs to meet demand for general foot care
- how children transition to adult services and the 'open' referral process
- the difference between the podiatry footwear service and the orthotics service
- the current appointment booking process, including making follow-up appointments

The Head of the Podiatry Service also responded to general concerns about inadequate patient information, difficulties accessing appointments by telephone and issues raised in case study examples from task group members.

The task group learned that:

- the GCS Podiatry Service does not provide toe nail cutting services in the community
- foot care is defined by the Department of Health as *"a set of tasks that a healthy adult, whatever their age, would normally do for themselves. When this becomes difficult for an older person to do for themselves, their family, friends or carers may choose to do it for them"*.
- GP practices do not provide foot care services but some offer foot care clinics to operate privately from the GP practice. The NHS podiatry service provide training for practice nurses in terms of assessing and advising 'at risk' feet particularly for diabetics.
- Paediatric Podiatry is part of the countywide podiatry service. Children seen by one of the two specialist paediatric podiatrists receive a smooth handover of care to adult services.
- The GCS Podiatry Service has an in-house orthotics laboratory for providing and fitting insoles/orthoses for adults and children. The Podiatry Service also provides a footwear service; this is only available for adults.
- Patient information leaflets and the podiatry service website are under review.

- Issues with the appointment booking system are the largest area of complaint for the podiatry service. Demand for appointments outstrips the number of people available to answer the calls (at the time of the presentation).
- New patient referrals are triaged by a clinician. Follow-up appointments are made for 'at risk' patients. If treatment is not urgent an 'open' appointment is offered and the patient contacts the podiatry service when they need an appointment.
- Decisions regarding the availability of NHS foot care are made by GCCG.

“The public perception is that foot care is part of podiatry provision. The Society of Chiropodists and Podiatrists, who represent both NHS and private podiatry, would describe podiatry as covering all aspects of foot care. However, most NHS podiatry services do not provide foot care that does not have an associated ‘medical’ or ‘podiatric’ need. In Gloucestershire anyone with basic foot care needs without medical/podiatric needs would not be eligible for NHS treatment and would be signposted to other service providers.”

In response to case study example:

“I won’t deny that it can be difficult to obtain an appointment exactly when you want one. There are a number of reasons for this:

- 1. Demand for the service far outstrips the supply of appointments.*
- 2. Because of the ‘at risk’ nature of our caseload we do not know what is coming through the door each day.*
- 3. We only release appointments six weeks in advance in order to manage the complexity of our caseload and it is difficult to predict so far in advance what categories of appointments we may require e.g. number of new and follow-up appointments for a wide range of specialities (MSK, Diabetes, At Risk, Paediatrics, Rheumatology, Minor Surgery.)”*

(Head of Podiatry, July 2014)

See Appendices [2a](#) and [2b](#).

SEAP, Independent Health Complaints Advocacy Service - 27th October 2014

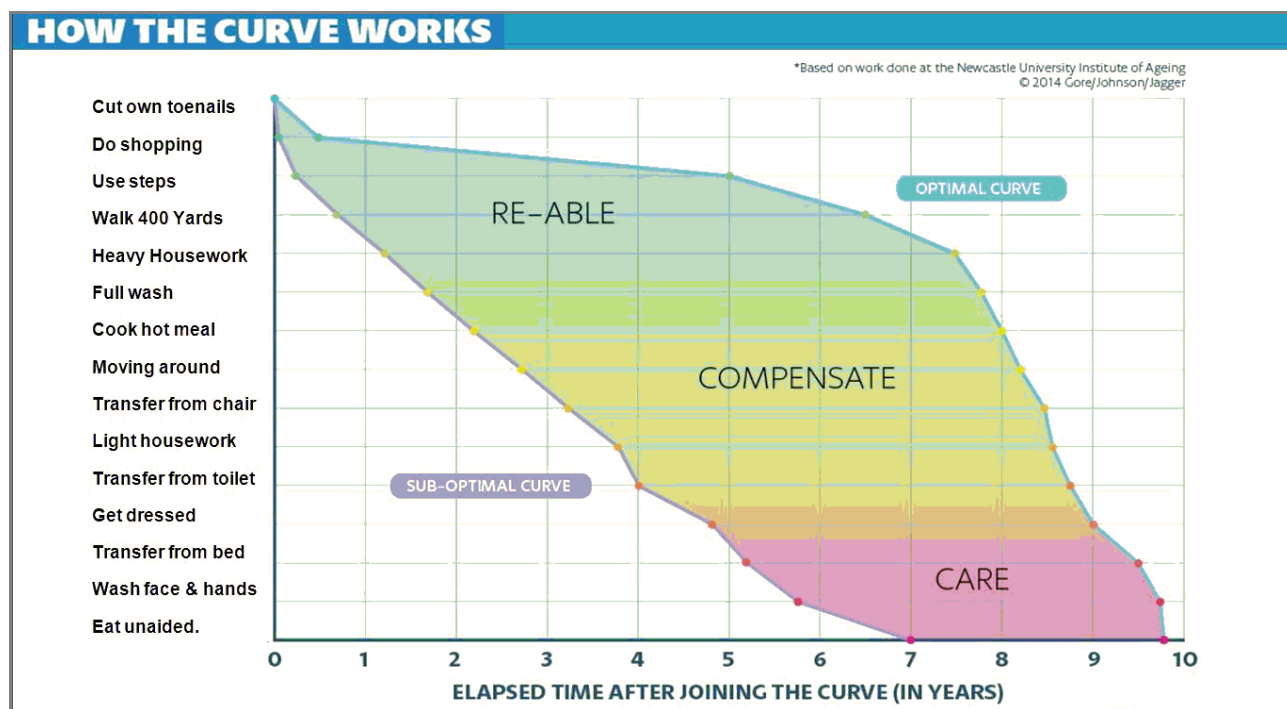
SEAP provides a free, independent advocacy service to Gloucestershire residents who want to make a complaint about any aspect of NHS care, including treatment in a private hospital or care home that is funded by the NHS. The Gloucestershire SEAP Advocate was invited to talk to the task group about the general process of providing support to people making a complaint and to share details of any podiatry related issues. He shared details of two orthotics-related case studies with the group. In the first case an incorrect diagnosis by an NHS consultant could have resulted in crippling damage to a child. In the second case the complaint was about the attitude of staff and incorrect application of policy.

Gloucestershire County Council, Care Act Workstream lead on Early Intervention and Prevention - 30th March 2015

The Workstream Lead for prevention and early intervention spoke to the task group about the introduction of the new Care Act and the duty placed on councils to 'prevent, reduce or delay the need for our services for all our residents'. The Care Act refers to 'the earliest possible intervention' and reaching the entire population.

The talk focused on the importance of helping people to help themselves and cited foot care as an example of a low level intervention that can impact greatly on quality of life.

Health and social care services should be in the business of 'Pre-abling, re-abling and compensating' and reference was made to ADL Smartcare's research at Newcastle University's Institute of Ageing (<http://www.ncl.ac.uk/ageing/about/story/interviews/gore.htm>) which includes a 'Curve of Life' graph that can be used as a tool to aid preventative work (see below). The University's researchers found a defined sequence of events that can mark the decline in mobility/quality of life which begins with being unable to reach your shoelaces and ends with being unable to feed yourself. They found that the tasks listed on the vertical axis of the graph were found to always appear in this order of decline. Without the right support (sub-optimal curve), average life expectancy from the initial point of decline when someone can no longer cut their toe nails is 7-10 years. In Gloucestershire the average time spent in care at the end of life, when help to move, wash and eat is needed, is 3-5 years compared to an average of 18-22 months nationally.



The talk concluded that it is far better to delay entry into care for as long as possible where other support can be provided and to spend a minimal amount of time in care. When someone has difficulty cutting their toe nails due to spinal issues they may not be able to walk, and where toe nail cutting is not available a patient's ability to walk may then hinder their physio treatment. Emphasis was placed on the importance of podiatry in re-ablement support and slowing the decline. In some cases the use of active services to re-able can result in someone

going back up the curve of life. For example, equipment can sometimes be used to compensate for lost ability e.g. walking sticks, zimmers or the re-ablement of someone in a wheelchair.

“A key message is that for 95% of people their last 10 years of life will be a decline and in the order of that curve (starting with not being able to cut their own toe nails), but with variable speed depending on appropriate intervention. Which means podiatry is more important than many people think.”

(GCC Care Act Workstream Lead, March 2015)

4.5 HWG patient and public feedback

Between April 2013 and March 2015, HWG gathered 89 comments relating to podiatry services through community engagement activity, calls to the HWG information helpline and feedback from task group members ([Appendix 3](#)).

The task group identified the following five themes in June 2014 as the focus for their review, based on comments received between April 2013 and March 2014. Please note that the comments quoted below are provided as illustrative examples rather than constituting a comprehensive list of all comments received on these themes.

- **Lack of basic NHS foot care services**

“My GP sent me to Hester’s Way podiatry clinic as I have a job cutting my toe nails. I got there and they told me they do not cut toe nails. I had to pay privately to get them done.”

“I’ve been left to do my own dressings, which aren’t supplied, on my big toes. I can’t get to the chiropodist because I’m not considered ill enough. I need help to cut my toes because I have a bad back.”

- **Difficulties making appointments**

“I’ve rung the podiatry number repeatedly to try and cancel tomorrow’s appointment as it clashes with an endoscopy appointment, but there’s no reply.”

“To make an appointment for podiatry at Tewkesbury Hospital you have to phone an 01242 number. It’s always engaged no matter what time you ring. I’m not sure why I have to phone Cheltenham for a Tewkesbury service.”

- **Difficulties faced by Podiatry users needing Orthotics services**

“I’m not happy with the orthotics department at Gloucestershire Royal. It takes ages to make simple changes to the orthotic. Staff knowledge of orthotics is not consistent. The building is poorly located for people with mobility problems.”

- **Choice of private foot care services if not eligible for NHS Podiatry treatment**

“I work in the Podiatry Department of Cirencester Hospital and there are lots of calls for people who need their nails cutting. We have to tell them to pay privately.”

“I have now gone privately for my feet as the waiting list at Gloucestershire Royal for podiatry is not acceptable.”

- **Issues for diabetics/vulnerable people**

“Why is it impossible to book annual diabetic podiatry appointments 6 weeks in advance?”

“People who can’t clip their own toe nails because they have Parkinson’s, arthritis, back problems etc. could do with some help but the podiatry department doesn’t have the resources to help them. If a diabetic just nicks the skin they risk infection and losing their toe. We need a Podiatry service on the NHS or a subsidised service for people on low incomes.” Diabetic nurse

In September 2014, a number of the Gloucestershire Village and Community Agents were invited to attend a workshop to discuss issues experienced by the older people to whom they provide information and support. Intelligence was gathered at this workshop for the three HWG task groups including podiatry ([Appendix 4](#)). The comments offered the following insights regarding the need for/access to podiatry services:

- Payment as a barrier to basic foot care if not eligible for NHS treatment
- Mobility as a barrier to attending appointments outside the home particularly if transport is needed
- Long waits resulting in prolonged pain/restricted mobility or choosing private foot care services in order to avoid that
- Lack of understanding about what services are available - e.g. not toe nail cutting, eligibility criteria, being able to self-refer
- Cross border issues impacting treatment

4.6 Patient stories

Case studies were received from task group members or people contacting the HWG information helpline.

Patient story 1 - diabetic patient in need of minor surgery

(client called HWG 10/09/14 after pre-surgery assessment appointment)

"I've been waiting since May to get my toe nails sorted out, I can hardly walk. I used to have regular appointments until two years ago because I'm diabetic, then they said my feet were fine. I've got ingrown toe nails now and can't cut them myself. I got an appointment at Beeches Green and they said to book an appointment for toe nail surgery with the receptionist on the way out."

(27/10/14 follow-up call by HWG)

"When I went to the clinic yesterday they said I wasn't booked in. I didn't think to ring and check - I didn't have a letter but I thought that was because I'd booked it in person last time I was there (the girl wrote the date on my leaflet). I know mistakes are made, it's one of those things but my daughter wasn't happy as she'd had to get time off work to take me and I've been putting off other hospital appointments while I wait to sort my feet out. They were very sorry for my trouble and I'm booked in now for 1st December. I hope it doesn't get any colder, I'm wearing flip flops as it's too painful to wear shoes. That's still a long time away isn't it? I thought diabetics got seen quicker."

(17/11/14 follow-up call by HWG having made referral to PALS)

"Thank you for calling, I hope filling in the podiatry survey helps someone else. There must be someone worse off than me to be waiting this long. The lady from PALS called me, she was very nice and explained it all but can't do anything about making the appointment sooner. I'm on the cancellation list - I will just wait, wait, wait like everyone else, I'm glad I'm not poorly with it. It's painful wearing shoes, worst at night time in bed actually, but I can bear it."

(23/12/14 follow-up call by HWG following surgery)

"I'm glad I've had it done, it's been three weeks now, they said it would be six to eight weeks before I'd be properly healed. I'm wearing socks and flip flops, I can't put boots on, it's alright because it's been mild. It would have been better to have had it on 27th October because I'd be better by now, but never mind. I hope another older person doesn't have to wait as long, they might not be as well as me. I've not had a letter about going back, I'll need to see someone in January. They asked me to go on New Year's Eve but I can't do that day so they said they'd send a letter with a new date, I'll phone them up today."

Feedback from GCS PALS regarding this case:

"The client was advised to contact the podiatry service in late October to book her surgery because she was going on holiday Sept/Oct. If she'd had the surgery prior to her holiday it would not have healed enough for her to be comfortable while she was away. An appointment on 27th October and a follow-up appointment for 29th October was discussed with the receptionist and handwritten on her podiatry booklet. She didn't receive an appointment letter for this date. We are unsure what happened at this point, but on reflection it would certainly have been better if our podiatrist had made that appointment for her for 27th October and for this we do apologise. The client now has

an appointment for 1st December, the earliest surgical appointment available and a follow-up dressing appointment for 3rd December - with her agreement she has also been put on the cancellation list. She has received correspondence about these two appointments, and will contact PALS if she has any further difficulties. The first referral we received for the client from her daughter was in June (she may have called previously in May and then been sent the referral form to complete). The client is not clinically assessed to be an 'at-risk' Diabetic with regard to her podiatry needs."

Patient story 2 - issues obtaining Paediatric Orthotics (June 2014)

"My son has Ehlers Danlos Syndrome and Autism Spectrum Disorder, originally diagnosed with EDS at age 13 by the community paediatrician. He is now 18. He has had heel pain since he was a toddler and we have had great difficulty in getting this recognised, let alone finding out why. He also has weak pronating ankles. We were referred to physio who referred us to orthotics twice to get insoles once when he was younger where we saw a Gloucestershire NHS orthotist privately, and later when my son was a teenager where we attended the clinic at Cirencester hospital. Although the orthotists in both cases were happy to arrange for insoles, they refused to help us find suitable boots to put them in. We were told to just buy something off the high street and if we couldn't to let them know at the next appointment. This was not the first time we had been told this by orthotics. We had previously seen an orthotist in another county who continually said the same. When we went to the follow-up appointment to get the insoles and explained that we hadn't been able to find any suitable boots in any of the shops on the high street or over the internet we were not given any additional help to find boots. At a further appointment at the Cirencester clinic we asked again for help with suitable footwear, we were told to get Converse canvas trainers for the summer. We bought some, my son found that the ankle was too big (he has narrow heels and ankles) and they were never worn. We were then referred to a podiatrist, also at Cirencester, because of the ongoing unresolved calcaneal pain. One of the first things that they said was that the Converse trainers were a waste of money as they would never offer ankle support. The podiatrist said that the boots he was wearing were unsuitable, but was not able to prescribe suitable boots or tell us how to get them from orthotics. I then went to the GP who wrote a letter to the orthotics asking him to do something. We also saw another podiatrist who also wrote a more strongly worded letter. The orthotist read the GP letter but made no effort to discuss boots, so I showed them the letter from the second podiatrist which hadn't been sent directly to him but to our GP, and they immediately took measurements for boots without further discussion. Finally at age 16, having started on this path at age 9, my son had suitable supportive ankle boots that immediately made a difference to his pain levels in his ankles and feet. The podiatrists have been wonderful but it seems they can't prescribe boots. Nor can the GP. It seems only the orthotists can. They consistently refused to do so until letters of support were received from both a podiatrist and the GP. We felt that orthotics weren't taking us seriously, and refused to actually take in that my son had narrow ankles for which boots on the high street were unsuitable. My son has been left feeling that no one ever listens to him. The orthotist repeatedly told us that the boots he was wearing were not suitable but made no attempt to tell us how to find suitable boots or how to get the proper referral to allow them to prescribe suitable boots. I was willing to pay full price for the boots, but because of my son's foot problems I needed a professional to measure his feet. I could have saved the NHS £175 if they had just taken a few minutes to measure my

son's feet and fill out the prescription form for me."

Patient story 3 - lifelong podiatry/orthotics user experiencing logistical and personal issues. (June 2014)

Issues with communication

"As a long term podiatry user I think my experience would be improved if the services I access for my toes (podiatry) and ankles (orthotics) were joined up. I find it frustrating when I'm told by the podiatrist I need a referral to orthotics and then I'm told by orthotics I need something the podiatry service can provide."

Access to foot care

"I can't cut my toe nails myself because of a problem with my back so my mum does it for me. When she's ill I have to pay a private chiropodist."

Making appointments

"I see the podiatrist at Rikenel but I have to call GRH to make the appointment. If it's longer than three months between appointments I have to self-refer again. I never know which number to call (two different numbers are listed) so I just ring the switchboard at GRH which is an easy number to remember and ask to be put through to podiatry."

Patient story 4 - obtaining orthotics/insoles (October 2014 and ongoing)

"My husband eventually got an appointment with the orthotist at GRH after the GP wrote another referral letter (he was incorrectly told the podiatrist could transfer him causing a four week delay). The first question he asked was "are you sure you can't get shoes through podiatry?". The orthotist agreed to order the shoes and said it would take six weeks to get a prototype, then three to four weeks to get the shoes. After that time when he returned to collect the shoes the receptionist told him he should have waited for a letter to confirm the shoes were there. He felt she was rude and unhelpful as he's previously picked up shoes after an agreed time. Two weeks later they were still not in and he was told they were now missing and he'd have a call updating him. A week later he called again as he'd heard nothing (being chased up with supplier as still not received). When he asked why no-one calls him and he has to do all the chasing he was told it was due to confidentiality and not leaving details in an answerphone message that could be picked up by someone else. He didn't feel this was a valid reason as they could at least try as he might have been at home and if he wasn't, could have just asked him to return the call. While he's been waiting for his shoes he's been having to wear sandals which don't provide the right support for him.

My husband needs a toughened sole on his shoes and has a rise on one foot. Last time he took them to be re-soled he was told they were too dirty and needed to be taken home and cleaned. He only had this pair of shoes so not as easy as it sounds. We would be happy to buy our own shoes to speed up the process if we could find somewhere suitable but the problem is getting the right measurements from the orthotist to order them and then adapting them. He needs to be able to

insert an AFO and silicones and has the heel built up. The silicones he wears to stop his foot hammering are made by the podiatry service and help to stop his foot dropping and keep it at the right angle. He has no strength in his foot, all the bones in his toes splay, he can't feel his feet, has no sensation in them, so if they are rubbing he doesn't know until he takes his shoes off. He has hereditary motor sensory neuropathy called Sharkomarietooth syndrome."

Patient story 5 - difficulties and delays experienced making a first appointment (March 2014)

"Following a period of acute pain in one foot I went to my local surgery and was diagnosed with Plantar Fasciitis and it was suggested to me that I make an appointment with the podiatry service. I sought this online and was surprised to find that I could download a form to apply for an appointment but to submit it I had to post it through surface mail. This seemed like a very half-hearted adoption of 20th century web technology and very inefficient in comparison to a 21st century approach. In response to the form I gave several clinic sites as feasible for me to attend as I have a car. However, matters only worsened. I had no response to the form I submitted but carried on self-treating, practising the exercises recommended to me by my GP. I sought advice on the web which reaffirmed and added to the exercises given. I also responded to advice from that source to purchase deep insoles for my shoes to reduce the impact on my heels from walking. The source of this information was NHS Direct and a private site: Patient.co.uk. (N.B. the former site no longer operates - but this was the one I was inclined to trust as no vested interests were apparent.) Surprisingly, after a somewhat ludicrous delay of about two and a half months I received information about a podiatry appointment - out of the blue! However, this appointment required a further wait of about a month. I attended this appointment. I was struck at the time by the high proportion of the appointment time that was spent by the practitioner completing details (essentially a questionnaire) on a laptop which I could have completed online in advance. His attention was to his laptop rather than me. This was followed by some examination of my feet and my walking and the podiatrist set-to to cobble together a home-made pair of insoles, starting with commercial ones and then building them up in the bridge area with some hand cut patches of a resilient foam. These I tried but they seemed critically uncomfortable, however I went along with the advice I was given to try them out. At home I tried them again - the way they changed my balance made them unusable - I would not have been safe walking in them and they caused pain. So I abandoned them and continued my self-treatment as above which, after a further eighteen months has led to the problem largely dissipating."

Patient story 6 - a model for accessing foot care in the community (October 2014)

"For the last 10 years a private chiropodist has been providing foot care services to Lydcare clients every six weeks. Older people attending the Joys Green lunch club in the Forest of Dean pay £11 each to have their toe nails cut/receive basic foot care. The chiropodist is available from 10.30am to 12.00pm and sees seven to eight people in that time. If members can't make it to the club he will visit them at home (the charge may be slightly different)."

4.7 Survey by questionnaire

In autumn 2014, HWG circulated a survey developed by the task group to current podiatry service users to assess satisfaction levels with the appointment booking process and the availability and quality of services.

The survey was live for six weeks and 140 questionnaires were completed (62% in hard copy and 38% online). 17 Podiatry clinics were represented across all six districts. 89% of respondents were aged 50+ and 31% were diabetic.

The survey contained 10 questions and focused on patient satisfaction with regard to four key areas: the booking process, attending a podiatry appointment, obtaining a follow-up appointment and information obtained or received about NHS podiatry services. Patients were given the opportunity to share positive experiences as well suggest improvements. (see results in [Appendix 5c](#))

Key findings

71% of respondents were fully satisfied with all aspects of the podiatry service (as outlined above), 23% were not satisfied with at least one aspect and 2% were not satisfied with any aspect. Satisfaction levels with the individual aspects ranged from 85% to 92%.

Many compliments were received about the service in general and the positive attitude of the staff, e.g.

“I cannot praise NHS Podiatry Services enough. They were absolutely the most caring and considerate team I have ever dealt with and at the same time very professional.”

The four most common concerns emerging from the survey were as follows (the comments below are provided as illustrative examples and do not constitute the full list of comments received in the survey in relation to these concerns):

- **Lack of toe nail cutting services particularly for older people who cannot reach their feet**

“I’ve only ever had one appointment as I was told I’m not entitled to it even though I’m now 78 years old. I would appreciate the service as I have great difficulty in reaching my toes!”

- **Lack of information/clarity about what is available and roles within the service**

“I didn’t realise there were these services available until told about it by a friend. I wonder what other services are available. My GP didn’t think anything could be done for my bunions.”

“A leaflet at the beginning giving options or possibilities and who is responsible for what would be useful. For example I have shoes from one place and insoles from another.”

- Orthotics-related issues (links with podiatry, delays obtaining or ill-fitting orthotics)

“I had my previous special insoles made through the orthotics department and had severe pain in my right foot. The podiatrist was able to tell me that the insole was the cause of the problem and arrange a new pair of insoles.”

- A long wait between appointments, the process of changing appointments and issues with follow-on appointments especially for regular users, and not being able to arrange follow-on appointments at the time of their current appointment or directly with the podiatrist. Responses to a question in the survey about making a follow-up appointment seemed inconsistent, with some people saying they could book a follow-up appointment in advance at the time of their current appointment and some people saying they could not; it was not clear whether this was a system or a staff issue but it may relate to the urgency of the appointment needed with regard to ‘at risk’ health conditions as described by the speaker from GCS (Section [4.4](#)).

“It would be better to advance book the next 6-month check on the computer rather than leaving it to the individual to remember to phone for an appointment. Mine would be Feb 2015, my 2014 calendar ends 31/12/14. Therein lies the problem.”

“I did not want another appointment. I was told at the time I could just ask if I needed more insoles, but when I went to ask I was told I had to go through the procedure again and make an appointment.”

Other areas of concern included:

- Difficulties getting through on the phone when booking appointments
- Waiting a long time to receive an appointment date
- Reception/admin arrangements at some clinics e.g. lack of receptionist available
- Lack of clarity on how to access services, especially self-referral
- The special needs of diabetics in relation to foot care
- The need for an NHS home podiatry service

4.8 Requests for Information (RFIs)

The task group submitted six formal Requests for Information to commissioners and providers of podiatry and foot care services to clarify understanding of policy and practice or ask specific questions.

A summary of the requests and responses is provided below (requests are in bold).

RFI 1

GCS - 9th July 2014

1. What is the eligibility criteria for accessing podiatry services?

10 documents were provided showing the development of the current assessment criteria after the introduction of the scoring system in 2000. The podiatry referral guidelines and policy were provided as well as referral triage, referral forms and patient information leaflets explaining the assessment of medical/podiatry need at the first appointment (Section [4.3](#)).

2. Is the podiatry service planning to undertake a review and if so what are the timescales and what will the focus be?

“The Podiatry review mentioned in the GCS presentation (Section [4.4](#)) was in reference to continual internal efforts to improve processes/transparency and was in the same context as comments about updating/reviewing leaflets and the website. There is no formal GCS review planned - the last formal review of podiatry services was in 1999/2000 by the then commissioners, Gloucestershire Health Authority. There are currently reviews of pathways that involve podiatry happening with the GCCG e.g. MSK and diabetes.”

RFI 2

GCS - 22nd September 2014

1. What progress is being made in Gloucestershire to implement multi-disciplinary foot care teams as recommended by Diabetes UK (Putting Feet First campaign)?

“We are working with the CCG and GHNHSFT to understand how we might ensure we have MDFT situated in the Hospitals Trust because at present they do not formally exist. This has been recognised by the relevant local organisations and the SW Diabetes Peer review scheme. We are currently collaborating across primary care, community care and secondary care with a diabetes amputation audit to better understand the current pathway for patients with diabetes who experience a lower limb amputation. The audit is underway and we are currently in the data collection phase. The setting up of an acute MDFT is very complex as it involves getting a number of professions and organisations to work together. This has been made more complex following the review of the vascular service in the county and centralising of the vascular and diabetes services onto the Cheltenham General site. We have a diabetes foot care sub-group (sub-group to countywide diabetes programme board) that has representation from all relevant professions/organisations which is led by the CCG. Please be assured we are aware of the Diabetes UK recommendations and that a collaborative approach is being taken to address these local issues.”

2. Has any progress been made with updating the podiatry service patient information leaflets and website for the task group to evaluate?

“Delays due to reorganisation within the comms team. We could start the ball rolling with HWG without our comms team and enclose two leaflets [‘What to expect at your podiatry assessment’ and ‘How to look after your feet’, Section 4.3] which are currently in use and require updating. Any comments on language used and whether they are understandable would be most welcome. Presentational comments would also be helpful because a few diagrams/pictures may aid understanding? Thank you for your continued support.”

RFI 3

GHNHSFT - 27th October 2014

1. What is the referral pathway for the orthotics service, i.e. GP, podiatry, other health professional?

“Referrals are received directly from the GP, podiatrists, Allied Healthcare professionals and consultants. There is an approved signatory list which applies to podiatry and Allied Healthcare professionals, agreed with department heads.”

2. How are orthotics and podiatry services joined up to address the patients overall package of needs when services are provided by different Trusts?

“If a patient has been referred into orthotics and requires podiatry services the orthotist discusses and redirects the patient onto the podiatry service. If a patient’s footwear requires minor adaption the orthotist will use the workroom within the podiatry department. The podiatry department provides an element of crossover with regard to orthotics and will dispense a limited number of orthoses to patients. Both services are provided by different Trusts, who co-operatively procure the orthotic contract which serves the population of Gloucestershire.”

3. Why does orthotics sit within the Acute Trust while podiatry comes under GCS?

“Orthotics provides a service for a large number of other specialities aside from podiatry, including many inpatients within the acute trust. The reason why two different organisations run each service is based on history. There are a number of community clinics which occur for both the Trust and GCS. These are managed within the joint orthotic contract between the Trust and GCS. The same orthotists undertake these clinics along with the acute Trust’s clinics. There is a patient allowance agreed policy which is adhered to within all these clinics.”

4. How does the system address the ongoing need of the patient? i.e. open referrals, not having to start again when needing replacement shoes

“If a patient requires to be seen again an open appointment is given, this is up to six months. However if a patient requires a replacement orthoses or repair this can be undertaken. Although if the patient has not had any orthotic treatment within a two year period a new referral will need to be made from the original referral to ensure orthotic treatment remains the correct choice of treatment for the patient’s condition.”

5. What is the eligibility criteria for obtaining free footwear through the orthotics service?

“There is an agreed patient allowance. Patients are entitled to free orthoses as per this policy. If the patient requires or wishes to have orthoses above the agreed entitlement the patient can purchase this at an extra cost. The patient is informed of the extra cost and payment is received before the orthoses is ordered.”

6. Can GPs draw on orthotics services in the same way they can for podiatry and is there a cost?

“GPs can refer directly into orthotics. The patient can be seen in any number of clinics either at the acute hospital or within a community clinic. The clinic can be either a Trust or GCS clinic. If the GP wished to make funds available to buy orthotic services this could be arranged. There would be an additional charge.”

7. Is access to orthotics at GRH suitable for disabled users? (comment provided re difficulties experienced)

“The service relocated a number of years ago to larger premises which also serve, pre-assessment, Severn Dialysis and the Orchard day unit within the acute Trust in GRH. Initially disabled parking was an issue, however following feedback from patients it was recognised that the number of disabled parking spaces needed to be increased, and this was done.”

8. The General Manager for Trauma and Orthopaedics was asked to comment on a task group member’s experience ([Patient Story 2](#), Section 4.6)

“As you can imagine without specific patient details and the original referral it is very difficult to answer the case study in detail. However if a patient is referred to orthotics for insoles we would not normally provide footwear unless the referrer asked the orthotist to consider footwear or the orthotist deemed it clinically necessary for the patient to receive orthotic footwear. If there is any discrepancy the orthotist often speaks with the original referrer. The orthotist would never recommend Converse trainers as a treatment option. It is unclear from the case study if the patient saw a number of orthotists and podiatrists from within GCS or the Trust or indeed out-of-county professionals.”

RFI 4

GCS - 20th November 2014

Request to outline the steps involved in the booking process, for both the client making the call and the staff member receiving it including:

- the location that the call comes into and who answers the phone
- what staff do to action the booking request for the caller
- what steps/issues there are for staff, that the caller may not be aware of, to then book the appointment

“We’ve also received concerns about the booking process and looking to resolve issues. ‘SystemOne’, the new countywide IT system, is being introduced and will create a single point of contact for all podiatry clinics. Initially contributing to some of the issues experienced by patients, we now believe these are resolved. There are different processes for making new and follow up appointments.”

Copies of SystemOne process maps were provided.

See [Appendix 6](#) for full details of the processes.

RFI 5

GCS - 3rd December 2014

1. Two examples provided by HWG of difficulties making appointments for January 2015. Is this a generic issue caused by staff scheduling over the New Year period or is the booking system still not functioning effectively?

“I am sorry to hear two members experienced difficulties - this was due to a number of factors, some beyond our control, including final confirmation from staff about their availability. We also had to put in place complex arrangements for cover to ensure each locality had availability for emergency and ‘high risk’ patients while maintaining countywide coverage. We also had to anticipate demand for new referrals.”

A copy of the Christmas staffing schedule was provided.

2. Statistics request for the number of appointments taking place at each clinic per annum; patient flow through each clinic; and the number of podiatrists per clinic

“This data is not readily available due to the complex nature of podiatry appointment scheduling which changes month to month dependent on clinical needs and demand for different types of referral. During 2014 GPS was using three different computer systems which make data comparisons difficult. Therefore I have manually extracted details of January 2015 appointments from SystemOne providing the data as requested. Please note that the clinics do not all operate on every day of the month and the number of staff per site is a maximum.”

See [Appendix 7](#).

RFI 6

GCCG, 11/12/14

Regarding the provision of orthotics/podiatry across two Trusts GHNHSFT said *“Both services are provided by different Trusts, who co-operatively procure the orthotic contract which serves the population of Gloucestershire.”* (RFI 3)

1. What is the reason for procuring the service across two Trusts?

“This service is not procured across two Trusts. GCCG currently commissions all orthotics services from GHNHSFT. The orthotics service provides equipment and devices for all body parts which support services in the Acute Trust, as well as supporting podiatry (and physiotherapy) services run by GCS. Under a separate agreement with a third party equipment provider there is a relationship between GCS and GHNHSFT for the provision of orthotic devices/equipment when required. However, where it is deemed an orthotic assessment is required, the input is provided by orthotists, under the management of GHNHSFT. Responsibility for the provision of that equipment and the delivery of the service rests solely with GHNHSFT.

We are currently in the process of reviewing the orthotics service and are aware of the ongoing issues with regards to complications between providers. As part of this process we will be scrutinising how these services should be delivered. GCCG has also identified issues within the MSKCAT (GCS’s MSK Interface) podiatry service with reference to equipment provision. In some instances the referral from MSKCAT into the orthotics service is purely for equipment and does not need an assessment by the orthotist. For these patients we are currently in the process of finalising a resolution which will enable them to receive equipment directly from the MSKCAT podiatrists. GCS have assured the GCCG that no such issue exists within the podiatry service. No patient should be referred from podiatry to GHNHSFT orthotics for anything other than orthotic assessment/intervention. The MSKCAT service is available for more complex podiatry issues where there is diagnostic uncertainty and where podiatrist-issued orthotic devices may be required.”

2. Does the Orthotics Lead have sufficient authority across both Trusts to ensure the service is delivered effectively?

“As explained above, GHNHSFT are not managing services offered by GCS, but are supporting them with equipment provision where appropriate. Patients referred to the orthotics service for orthotist skills/equipment that cannot be provided by GCS should remain under the care of the orthotists for assessment, fitting and review. Delivering the orthotics service will involve an element of integration and joint working between the two Trusts. However, the working relationship between podiatry and orthotics should be no different than the relationship between physiotherapy and orthotics, rheumatology and orthotics or orthopaedics and orthotics, for example.”

5 Conclusions

1. General foot care and podiatry services

Overall satisfaction with services in Gloucestershire is good for patients who are in the system and are eligible for NHS podiatry services. However for those residents not meeting the NHS eligibility criteria, access to/information about alternative foot care options is limited and this can lead to delays in finding appropriate treatment.

There is a dis-connect between what national policy says should be available and what is actually commissioned at local level. The core values and principles of the NHS, “*a comprehensive service, available to all, free at the point of use, based on need not ability to pay*” are not reflected in podiatry provision in Gloucestershire.

General foot care services are in high demand but low in supply. There is also a demand for NHS podiatry services and more cost effective options for providing foot care to all patients are needed. The demand for both these services will increase due to an ageing population. The Journal of Foot and Ankle Research forecasts a projected gap of 4,500 podiatrists to manage the current NHS podiatry caseload in the UK.

People are experiencing long waits for an initial assessment or between appointments. This seems to be where referral to a specialist is required or they have chosen to attend at a particular clinic. It could indicate a lack of capacity in the system i.e. not enough podiatrists to meet the need as per national statistics, especially if time is taken up by carrying out assessments for people who do not meet the criteria for NHS podiatry.

Gloucestershire’s ‘Best Foot Forward’ scheme, held up as an example of best practice by the Department of Health, is no longer available.

2. Early intervention/preventative care

The Department of Health, Diabetes UK, The Institute for Ageing and the Care Act all recognise the need for foot care to maintain wellbeing and continued mobility of older people. Poor foot care for older people can be a risk factor for falls, reduced mobility and social activity, chronic pain and becoming housebound.

The Institute of Ageing’s ‘Curve of Life’ research highlights the importance of basic toe nail cutting as a key determinant in independent living and delaying the need for nursing care. Office for National Statistics figures from 2001 suggest that a third of over-65s cannot cut their own toe-nails and struggle to access NHS services. Compared to the previous LINK report (2010), patients are now more accepting of the lack of routine foot care. Many patients would see it as an improvement to services if foot care were offered within the NHS podiatry service - many do not expect it to be free but would prefer to pay a provider with an NHS contract than seeking out a private practitioner.

There are several examples of health and social care models that have been developed to provide low cost, safe and effective foot care options such as:

- Sheffield PCT Podiatry Empowerment Project which empowered suitable low-risk low-needs patients to self-care instead of automatically providing care through the podiatry service.
- Birmingham Nail Care (www.bhamnailcare.co.uk) - a specialist NHS-commissioned nail care service for older people in Birmingham costing £5 to £15 per session, using qualified Nail Carers who have completed the Level 2 Award Nail Cutting and Care accredited qualification introduced in November 2013 after South Birmingham NHS identified a need for a nail cutting service based outside the NHS.
- A foot care service commissioned by Westminster PCT, delivered by trained foot care assistants who are supervised by registered podiatrists and have easy access to qualified staff where clinical needs change beyond their scope of practice.
- Voluntary sector solutions in the community such as the Lydcare-run lunch club in the Forest of Dean where a private chiropodist attends the club every six weeks to provide a toe nail cutting/basic foot care service to older people at a cost of £11. If members cannot attend the club the chiropodist will visit them at home.

The Podiatry Service can provide equipment, such as files for a small fee, for people to manage their own foot care at home but this information is not widely available or made know to patients until they attend their first assessment with a Podiatrist.

3. Patient information and awareness

People are confused about what is available on the NHS and what is not. As podiatry does not include general foot care for those without a medical/podiatric need, members of the public appear to lack understanding about why other medical conditions that affect their ability to carry out their own foot care is not seen as a medical need for podiatry treatment.

Research suggests that many people have no clear understanding of the difference between the terms 'podiatry' and 'chiropody', which are interchangeable, and foot care. They are confused about their eligibility to access either within the NHS.

There was an awareness that some literature was out of date, confusing or incomplete. The GCS Communications team is undergoing a review of literature at the time of writing this report.

4. Booking systems

There are issues relating to appointments, mainly practical difficulties getting through on the phone. Experience of the booking process was found to be inconsistent - poor for some, and yet fine for others. However vast improvements have been made during 2014 since the introduction of SystmOne which has positively impacted on speed of referral and waiting times between appointments. There have been fewer complaints about the system in the latter part of 2014 and comments received in 2015 suggest a more responsive system, with more immediate answering of calls being reported by task group members.

There is still some confusion for new patients about which telephone number to ring in the first instance as there are two different numbers dependent on the locality of the clinic (some clinics

fall under a Gloucester number, some clinics fall under a Cheltenham). However if patients ring the wrong number for their particular clinic they are redirected.

5. Administrative support

Patients attending clinics without a designated podiatry waiting area or receptionist reported confusion and delays as podiatrists deal with all enquiries including administrative issues. Footfall in some of the physically small clinics is surprisingly high; in particular the Beeches Green clinic in Stroud has a high number of patients each month and yet they have a small waiting room and no reception staff.

6. Diabetics

Diabetes UK states that improving foot care and reducing amputations saves lives and saves money and that also impacts considerably on health outcomes and all five domains of the NHS Commissioning Board. In Gloucestershire the incidence rates were above average in four areas of monitoring: care for diabetic foot disease, nights spent in hospital, major amputations and minor amputations. While the statistics did not suggest causes specific to GCCG, the introduction of a MDFT could address some of these issues. In a response provided to the podiatry task group in September 2014, GCS said they were aware of the Diabetes UK recommendations and were taking a collaborative approach to address the issue locally, including working with GCCG and GHNHSFT and collaborating across primary care, community care and secondary care to undertake a diabetes amputation audit to better understand the current pathway for patients with diabetes who experience a lower limb amputation.

The majority of diabetics responding to HWG podiatry survey did not report any significant issues. Several compliments about the quality of treatment and advice provided were noted.

The booking system does not appear to allow for an automatic booking of a diabetic's annual review by the podiatrist and there is no yearly reminder. The onus is on the patient to book nearer the time which can lead to delays if the need for an appointment is forgotten. Not all diabetics will receive free NHS foot care as part of their treatment.

7. Orthotics provision

Orthotics stood out as the main area for improvement in the HWG podiatry survey. Nationally there are no quality standards in relation to orthotics services and even among providers there is confusion about how services are delivered to meet patient needs.

Patients using podiatry and orthotics services are affected by poor communication between services and conflicting diagnosis. Delays receiving orthoses have been experienced within both services however where the podiatry service make/adapt insoles in their own laboratory the orthotics service buy them in and have to send orthoses away to be adapted which can lead to extensive delays for patients requiring adapted footwear.

A respondent to the HWG podiatry survey suggested that *“a leaflet at the beginning giving the options or possibilities and who is responsible for what would be useful”*.

8. Care homes

Older people living independently at home or in residential/nursing homes need foot care as part of their basic package of care. There is a demand for a home care service.

9. Private foot care services

People who are not eligible for NHS related foot care do not know where to go to find a reputable private practitioner. The Government's 'Any qualified provider' scheme aimed to encourage a wider range of options for patients and could be better applied by local Commissioners in Gloucestershire to fill the gap in provision for people making their own foot care arrangements.

Some people who pay for private foot care services do so because they have been refused treatment on the NHS or presume they wouldn't be eligible, while others do so as a proactive response to treat foot pain, to avoid long waits/travelling to an NHS clinic or because they prefer to be seen at home. However not everyone can afford to pay for treatment and in some parts of the county it is harder to find practitioners who are available, particularly for home visits. Solutions are being found in the Voluntary and Community Sector for providing affordable options, such as the Lydcare model of best practice (see Patient Story 6 in section 4.6), in which a private chiropodist provides foot care service every six weeks to older people attending a local lunch club, who pay £11 to have their toe nails cut or receive basic foot care and if members cannot attend the club the chiropodist will visit them at home.

6 Recommendations

Taking into account all the evidence gathered, the HWG Podiatry Task Group makes the following recommendations:

1. A co-ordinated approach should be adopted in the commissioning of safe and effective early intervention foot care (GCCG & GCC)

- HWG suggests that GCCG and GCC jointly undertake a review of foot care provision in the county, with input and support from GCS podiatry service, considering low cost models of intervention providing foot care as part of a social care package.
- Train assistant grade foot health professionals to deliver low-level foot care services under the supervision of registered podiatrists and with easy access to qualified staff if clinical needs change. (see Section 5, conclusion 2 for case study examples).
- Consider solutions provided through investment in Voluntary and Community Sector organisations to support early intervention initiatives (eg. Patient Story 6, Section 4.6)

2. Consider an increase in the number of podiatrists to meet the demand generated by an increasing older population (GCCG)

- Review the capacity of Gloucestershire Podiatry Service to meet the increasing needs and demands of an ageing population. Current patients with a medical/podiatry need are experiencing long waits for both initial appointments and review appointments and in future this pressure will continue to rise.

3. Provide additional administrative support, particularly in busier clinics (GCS)

- Consider additional administrative support at the busiest podiatry clinics and review options for larger clinic venues e.g. Beeches Green clinic in Stroud.
- Enable patients to make follow-up appointments after their appointment with the Podiatrist.
- Review IT systems with regard to automatic appointment reminders by email or text.

4. Undertake a patient awareness and education campaign to manage expectations and inform (GCCG and GCS)

- HWG suggests GCS carry out a whole scale review of patient information, with support from GCCG as part of a wider publicity campaign, to clarify the difference between basic foot care, chiropody and podiatry.
- (Using the HWG Readers' Panel to assess) produce one jargon-free leaflet explaining the difference between podiatry and foot care.

- Re-write leaflets that help people to look after their own feet, using diagrams to explain techniques, and provide details about ordering equipment, such as files, via the GCS website.
- Make information on-line clearer regarding eligibility, clarifying why general foot care is not free for everyone and offer signposting to private foot care services for those not eligible for NHS treatment.
- Develop a patient charter, in agreement with GCCG, setting out what patients can expect from the Podiatry service and circulate to podiatry clinics, GP practices, care homes and sheltered housing complexes.

5. Introduce Diabetic multi-disciplinary foot care teams (GCCG)

- Work in partnership with GCS and GHNHSFT to fulfil recommendations made by Diabetes UK to implement multi-disciplinary foot care teams, ensuring the delivery of the integrated foot care pathway for expedient care for diabetics as a matter of urgency.
- Review the data produced by Diabetes UK regarding amputation rates for Diabetics in Gloucestershire.

6. Review Orthotic provision in the county to prevent confusion and delays in treatment (GCCG)

- Review the relationship between Podiatry services (GCS) and the Orthotics department (GHNHSFT) when orthoses are required by a patient and simplify processes where possible.
- Consult with patients experiencing Orthotics issues in light of work being carried out nationally through Healthwatch England (see Section 4.2)

7. Provide more effective foot care in care homes (GCC)

- Review the provision of basic foot care in social care settings, in partnership with commissioners, providers and the Voluntary Sector, and with reference to responsibilities under the Care Act and 'Curve of Life' model for preventative care.
- Consider training options for social care workers to provide low-level foot care as part of a basic package of care.
- Alternatively, as an outcome of Recommendation 1, review the use of healthcare practitioners to work in partnership with care homes to provide more cost effective options for residents as part of their 'Duty of Care'.

7 Acknowledgements

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- Podiatry task group members: Aileen Bendle, Mike Broome, David Hearn, Esther Hetherington, Richard Hetherington, Jenny Hincks, Bryan Love, David Perry, Jennifer Skillen, Ray Storey and Alan Waller
- HWG administrative support: Nic Moorey and Rebecca Hughes
- HWG podiatry survey respondents
- Case study contributors
- Head of Podiatry, GCS
- General Manager for Trauma and Orthopaedics, GHNHSFT
- Commissioning Manager, GCCG
- Early Intervention and Prevention Workstream Lead, GCC
- Gloucestershire Advocate, SEAP
- Gloucester Diabetes Group
- Village and Community Agents

8 Appendices

Appendix 1: Terms of Reference



Healthwatch Gloucestershire (HWG)

Terms of Reference for Podiatry Task Group

Tasks groups are time limited projects undertaken by members of HWG to look into issues of concern or emerging trends in health and social care in Gloucestershire. The topic may be identified using evidence gathered from public events, focus groups, patient surveys, national research and members' experiences. It may include reviews of previous HWG task group and LINK Legacy reports. The decision to set up a Task Group will be made by the HWG Board.

Aims

- To review Podiatry/related footcare in Gloucestershire taking into account the views expressed by patients, carers and members of the public
- To identify issues and make recommendations to the Commissioners and Providers about Podiatry to improve service user experience
- To ensure that the patient is at the centre of the whole process

Activities

- Identify and obtain the current policies and procedures of all relevant Commissioners and Providers of Podiatry in Gloucestershire
- Review national policies and guidelines on Podiatry and regulations
- Collate service user experience and case studies on Podiatry
- Invite Provider(s) of service to a task group meeting to discuss current processes (if appropriate)
- Identify gaps in current policy, guidelines and quality of provision
- Identify and suggest key areas for change and improvement (SMART*)
- Submit a draft report to HWG Board (using HWG template). The report will include conclusions, recommendations and agreed appropriate timescale for a review of actions by the Provider(s)
- Submit final report to the Commissioners and Providers (and expect a response within 20 working days)
- Copy final report to HWE (Healthwatch England), CQC (Care Quality Commission) and HCOSC (Health and Care Overview Scrutiny Committee)

Membership

- The Chair will either be an appropriate member of the Board or an HWG member with relevant experience
- The group will consist of members of HWG who have expressed an interest in Podiatry and appointed by the HWG team
- Members must be able to commit to attend meetings for the duration of the group or contribute via email when travelling is not possible
- The group should not exceed 15 members

7th July 2014

1

Confidentiality

- All proceedings (discussions and documentation including any draft reports) shall remain confidential until the final report approved by the HWG Board
- The group is bound the HWG 'Confidentiality and Data Protection Policy'

Meetings

- This is a short term group, forming part of the HWG work plan, therefore meetings will be held regularly to progress the work
- There shall be no more than four weeks between each meeting
- Meetings will be arranged and supported by a member of the HWG team

Review of Report and Responses to Recommendations

- The group will decide how and when the review should take place

**Specific, Measurable, Achievable, Realistic, Time-limited*

Approved by the HWG Board on [29-7-14]

Appendix 2a: Head of Podiatry Service talk to task group, 07/07/14

Please note that the document below was provided to HWG in PDF format by the speaker. The questions emailed in advance to the speaker by the task group are shown in black and the speaker's responses are in red.

(emailed over to Chris 17-6-14)

- clarifying the difference between Podiatry and Footcare

I can understand the confusion as the public perception is that foot-care is part of podiatry provision. The professional body (Society of Chiropodists & Podiatrists) would describe podiatry as covering all aspects of foot-care. However, most NHS Podiatry Services do not provide foot-care that does not have an associated 'medical' or 'podiatric' need. Many NHS services have complicated assessment/scoring systems for access. The access criteria have normally been brought in by Commissioning Authorities. In Gloucestershire access to podiatry service is based on medical and/or podiatric needs. Anyone with 'basic' foot-care needs without medical/podiatric needs would not be eligible for NHS podiatry and would be signposted to other service providers.

- outlining the current booking procedure for appointments

New Patients – a referral form has to be completed and forwarded to x2 sites (Glos or Chelt). The referral is 'triaged' by a clinician and an appointment is sent via the post.

Follow-up patients – Not all patients require a follow-up appointment. Those patients with an 'at risk' medical condition e.g. infected ulceration will be given their next appointment at the appointment attended. Some patients will be placed on an 'open' appointment. This option is given to patients whose condition is not urgent and could possibly get better. Most patients on 'open' appointments will have a treatment plan that involves them taking part in addressing their own foot-care needs. These patients are asked to contact the podiatry service as and when they require it.

- changes made to the provision of toe nail cutting services since the LiNk report

NHS podiatry services have made no changes as it continues to not provide a toenail cutting service for people living in the community. NHS podiatry services have introduced a training programme for nursing staff at all hospitals so that health care assistants can provide toenail cutting as part of the patients basic care while in hospital.

'Best Foot Forward' is a nail cutting service provided by Gloucestershire County Council. It is a paid for service, dependent on a financial assessment and is provided in 4 of the 6 localities in Gloucestershire. Approximately, two years ago the service closed to new referrals pending a review to tender out the service to a private provider.

- clarifying whether toe-nail cutting is available to anyone on the NHS and whether 'non-qualified' Chiropodists provide this service

Please see above. Toenail cutting is only available on the NHS where it is associated with a medical/podiatric need e.g. at risk diabetes, deformed nails. 'Non-qualified' chiropodists can provide this service. However, as explained in my talk anyone can provide foot-care only the titles podiatry and chiropody are protected. Most 'unqualified' foot-care providers call themselves 'Foot Health Practitioners'.

- Is there anything in place to ensure that GP practices have the means to treat podiatry needs (eg toe nail cutting) – if so, what procedure is in place to ensure those GPs are actually carrying out the procedure? We understand that diabetic nurses provide footcare as part of the diabetic service.

This is a complicated question. GP Practices per se do not generally provide foot-care services. However, some do have private arrangements whereby a 'qualified' or 'unqualified' podiatrist could operate a private practice from a GP Surgery.

NHS Podiatry Services do provide training for Practice Nurses in terms of assessing 'at risk' feet, in particular diabetics. However, Practice Nurses do not generally provide toenail cutting, only assess and advice.

RS question re. Podiatry Surgery

- are all procedures in the County carried out by the external specialist unit based in Hereford or shared? If shared is there an intention to create a specialist unit for Gloucestershire or continue to buy in services for as long as there is availability to do so. I believe that this area of work is under pressure to maintain a 16 week turnabout of patients and that this unit has found it necessary to employ a retired consultant.

There is a historical perspective to the provision of Podiatric Surgery in the County. NHS Gloucestershire/Gloucestershire PCT/Gloucestershire CCG has commissioned a Podiatric Surgery service from Wye Valley NHS Trust (Hereford). They hold outpatient clinics in Gloucester, Tetbury and Tewkesbury. Surgery is undertaken in Hereford and Tetbury. NHS Podiatry Services in Gloucestershire were commissioned to provide a Podiatric Surgery service from Lydney (by West Gloucestershire PCT). However, because this only amounted to a few sessions per month employing a single Podiatric Surgeon was a governance risk. As a result of this we have TUPE'd our Podiatric Surgeon to Wye Valley NHS Trust Podiatric Surgery department. They continue to provide the service in Lydney on a sub-contractual basis.

Mr Tom Galloway, Consultant Podiatric Surgeon, who until recently led the service in Hereford has recently retired. I understand that he has come back to undertake a few sessions per week to help out. If you wish to confirm this I suggest you contact Wye Valley NHS Trust, Podiatric Surgery Service.

JS questions

The GPS leaflet on-line has a revision date of November 2011. Why has it not been updated?

This leaflet does indeed have a revision date of November 2011. This is the date the leaflet was last revised not the date by when it needs revising. However, with the introduction of the new computer system much of this information is now contained within a letter sent at first appointment. I accept the website needs a complete revamp. I have had this leaflet taken down from the website. It has been unfortunate that in the last 2 years we have been 3 different organisations and this has led to some lack of continuity in updating web pages.

Observation: Footcare and toenail cutting services are important to a growing elderly population in Gloucestershire but there is more to Podiatry than that. *Agreed.* There is also a paediatric population, especially those with special needs and disabilities. With that in mind

- How does paediatric podiatry fit into the GPS and how is transition from children's to adult services managed? Is there a separate service or will the young person continue to see the same people.

Paediatric podiatry is part of the Countywide Podiatry Service (unlike some other services e.g. physiotherapy, OT, Speech & Language Therapy). We have 2 children's specialist podiatrists. When patients transfer to the 'adult' service they will see a different podiatrist but there is a smooth handover as clinical notes etc are already within the service. If patients require insoles/orthotics we will have a complete record of previous prescriptions as they are manufactured by our in-house orthotic laboratory..

- Are there open referrals or does the referral have to be repeated every year?

This is dependent on condition being treated e.g. if child has gait issues and require orthoses to correct a biomechanical issue they will be on an 'open' referral because as the foot grows they will require further orthoses (if patient has no contact with the service >12 months they may have to self-refer back in). Children who require minor surgery for ingrown toenails will normally be discharged following a course of treatment.

- Is the Footwear Service any different from what is referred to as orthotics?

Yes it is. The NHS Podiatry Service Footwear Service provides a fitting service as described and provides extra width, extra depth footwear. The Footwear Service provides a service that fits between High Street Shoe Shops and the Orthotic Service. Patients have to purchase their shoes from the Footwear Service; the footwear is not free unlike the footwear provided by the Orthotic Service.

From the Footwear Service webpage: "They will measure the feet and offer appropriate advice and education about well-fitting shoes." Does this cover paediatric patients too as this had not been our experience.

The Footwear Service is for adults only. We have had no demand to provide a childrens footwear service.

- How does the Musculoskeletal Assessment and Treatment Service fit in with the podiatry service? What is the referral pathway for those not living in the Gloucester/Forest of Dean area? ie. where GRH is not the nearest option

From April 2014 the Musculoskeletal Assessment and Treatment Service (MSKCAT) went countywide to provide an 'interface' service for a number of body parts that now included foot and ankle. MSKCAT is a service specifically set-up to triage, assess, treat and/or signpost patients who traditionally would have been referred to a hospital consultant. The MSKCAT team is multidisciplinary and is made up of MSK physiotherapists, MSK podiatrists and a GP with a special interest in MSK medicine. Both the podiatry service and physiotherapy service may take referrals from MSKCAT.

- The 0300 422 8370 number has never been answered in my experience. Is there a reason for this and can anything be done about it, such as suggesting that people email instead or at least give them the option by having an email address available on the website?

This is a problem area for us that we have been aware of for a number of years (its our biggest area of complaints). We have been working hard to resolve the issues we are experiencing with the telephone exchange and arrangements in the PFI building at GRH. The telephone rings without a message or divert. We have only last week been able to put some GCS arrangements (changes) to the system in place. The demand for appointments through the exchange far outstrips the number of people we have to answer the calls (4 people max, normally 2-3 people). Our plan to move to a 'Single Point of Clinical Contact' for podiatry, MSKCAT and MSK physiotherapy. However, there are funding issues still to be resolved with this.

*Yes we do have an email address for appointments: Podiatry.Appointments@qlos-care.nhs.uk
It is contained in much of the literature we produce.*

- Is there any guidance for GPs to assist them in referring to the right part of the Podiatry service?
Yes there is. A standard referral form is available which help inform GP whether patient is eligible or not for NHS podiatry, it also includes a list of clinic sites. We provide GP Practice educational visits.

Case Study experience from Task Group Member

My son saw his podiatrist on 17 June when he picked up his new bespoke insoles. The podiatrist wanted to see him in six weeks time for a follow up after having a chance to get used to them. However when she went to make the appointment there was only one available and it was at a time when we already had other arrangements. As there were no other appointments released she told us to ring Gloucester the following week when they would have released more appointments.

I rang on 27 June and more appointments had been released but there were no appointments

available at all either with our podiatrist of choice or with any other ones. I was advised to ring the following week to try again, either on the Tuesday or Wednesday as by then the next lot of appointments would have been released, but hopefully not taken yet.

The member of staff dealing with this was very apologetic about it and explained that this isn't an isolated event, it often happens, especially if patients need a recall appointment for more than 6 weeks away.

The only good thing about this encounter was that for the first time ever I actually got through on the appointment line number and didn't have to resort to email.

Thank you for the feedback. I won't deny that it can be difficult to obtain an appointment exactly when you want one. There are a number of reasons for this: (i) demand for the service far outstrips supply of appointments; (ii) because of 'at risk' nature of caseload we do not know what is coming through the door each day; (iii) as has already been identified we only have 2 paediatric podiatrists and if one is sick or takes leave (or resigns) this puts pressure on remaining availability of appointments; (iv) we only release appointments 6 weeks in advance in order to manage the complexity of our caseload and it is difficult to predict so far in advance what categories of appointments we may require e.g. number of new and follow-up appointments for a wide range of specialties (MSK, Diabetes, At Risk, Paediatrics, Rheumatology, Minor Surgery.....).

Appendix 2b: Further Q&A after initial talk

Task group members' questions are shown in bold and the speaker's responses in italics.

Who is responsible for foot care not being provided on the NHS and the threshold as to when it is provided?

"It is whoever the commissioning body is at the time. It was Gloucestershire Health Authority, it's now GCCG."

What support is available for older people who cannot manage their own foot care and cannot physically reach their feet but do not qualify under the criteria?

"It does depend on the individual and a whole range of criteria around them. They have a number of options - let's say they do not meet the NHS criteria, cannot access NHS Best Foot Forward, one option is to go private but cost varies across the county. There are all sorts of people who have issues with foot care, including mental health and homeless. NHS services are limited in providing services that have to be paid for. There is a big debate about whether services should be free or paid for, particularly for the elderly. Had the trust become a Social Enterprise, we could have provided the service."

Can you propose to the GCCG that there are needs and ways to solve them?

"We have informally done that, but the GCCG is not prepared to commission it."

<p>Why have you not proposed it formally?</p> <p><i>“I guess we could, it is a complicated scenario which is difficult to explain. It is better if this type of request comes from the public.”</i></p>
<p>Do you have details of the qualifying criteria? Can we see them?</p> <p><i>“Yes I will send them to HWG.”</i></p> <p>(See RFI 1)</p>
<p>Chiropody is mainly used in the private sector - website said one of the reasons is that a chiropodist is a person that has a proper degree and qualification</p> <p><i>“At a best guess there are 40 podiatrists working in the NHS, mostly part-time and do not all live in the county. In terms of the private sector - somewhere between 15 and 20 - so probably the total equivalent of 40 full-time to look after the county.”</i></p>
<p>As an elderly person, I use Amazon a lot because I cannot get out and about very easily. Can I order foot care equipment on line?</p> <p><i>“This is a good point.”</i></p>
<p>As carers, where can we get training to enable us to look after the feet of the person we care for?</p> <p><i>“Good question! Normally training is undertaken as a 1-2-1 if the carer comes into the podiatry appointment with the patient. Another area of work around training could be to train carers in their broadest sense. People train people in nursing homes to train other people there.”</i></p>
<p>Do podiatrists make regular visits to care homes?</p> <p><i>No, unless they receive a specific call to provide help.”</i></p>
<p>Do you think there is a need to inform the public better about the difference between podiatry and foot care and the criteria for qualifying? You say look at the website but many elderly people are not computer literate. There have to be alternatives to the website. Could there not be just one leaflet?</p> <p><i>“Yes, there are some leaflets available but they only get given out to the patients. The whole website needs to be revamped.”</i></p> <p>Chris asked if the group would be happy to provide feedback on website developments/check documents as he’s aware information can be difficult to understand and full of jargon. Group would be happy to.</p>

What is being done to amalgamate podiatry and chiropody?

“The names are interchangeable. The Society of Chiropodists and Podiatrists is the governing body.”

Why can't podiatry and orthotics work together? For example, one service will provide us with an insole, and the other service will say it is not needed.

“There is often conflict between the two services and part of the problem is that they are provided by different NHS Trusts. Orthotics is managed by GHNHSFT and podiatry is managed by GCS. I am part of a group that soon will be looking at this. The service has a strong tie with the University of Plymouth which means their students spend 75% of their course time in the GCS podiatry service here.”

Appendix 3: HWG comments, April 2013 to March 2015

Comments have been categorised by topic.

Access to basic foot care

Apr 2013 - Mar 2014

- People who can't clip their own toe nails maybe because they have Parkinson's, arthritis, back problems etc. could do with some help but the podiatry department doesn't have the resources to help people like this. If a diabetic just nicks the skin they risk infection and losing their toe. We need a podiatry service on the NHS or a subsidised service for people on low incomes (diabetic nurse).
- GP sent me to Hester's Way podiatry clinic (via St Paul's system) as I have a job cutting my left foot toe nails. I got there and they told me they do not cut toe nails. Had to pay privately to get them done.
- I have been left to do my own dressings, which aren't supplied, on my big toes. I can't get to the chiropodist because I'm not considered to be ill enough. I need help to cut my toes because I have a bad back.
- Struggle cutting my toe nails but don't fit podiatry criteria - where should I go?
- There is very little information about foot care service, especially in North Cotswolds. My mum just needs basic nail cutting.
- No foot care service in Cirencester. I was told that I wasn't entitled to podiatry as I wasn't disabled enough, even though I am an electric wheelchair user and my spine is fused, so I can't bend.
- I work in the podiatry department of Cirencester hospital and there are lots of calls for people who need their nails cutting. We have to tell them they must pay privately.

Apr-Jun 2014

- Why don't podiatry cover chiropody? Surely it could be done at same time?
- No longer cut toe nails, which is sad. My husband is 87 with arthritis. Now looking for a chiropodist privately for nail cutting.

Jul-Sep 2014

- Have to pay for podiatry here. I am diabetic and had this service when we lived out of county. Disappointing.
- Lady, aged 76, diabetic, lives on her own. Wants to know about podiatry - has been waiting since May for a first appointment. - she can hardly walk as she has bad ingrowing toe nails so she has had to go private - she is now waiting to see the NHS podiatrist as they need doing again. You have to ring for your appointments - no longer contacted by the podiatry clinics direct.
- Comment from a meeting with GPs in Stroud. "Minchinhampton Surgery used to have a podiatry clinic. They have said they could make some funds available if they can find a chiropodist to commit to regular sessions to treat patients with general footcare needs not covered by the podiatry service. Perhaps other surgeries might be willing to do the same or join up in rural areas to meet patient needs and make the best use of resources?".

- One lady had a problem with her back and can't reach to cut her toe nails but this service has been withdrawn from her and she has to pay. Yet she is still being seen for insoles to be created.
- I have to wait three months to get a podiatry appointment. I am a wheelchair user and physically can't reach my feet! The carers won't cut my toe nails as they say it's not covered in their job description. My nails are awful and need cutting more often than once every three months.
- Public education is needed around general foot care and what the NHS does provide and what it doesn't i.e. toe nail cutting. (Task group member)
- I don't think the public are aware that GPS will provide files to carry out your own foot care. I paid £5, cheaper than in Boots so good value, and received it in 3 days. (Task group member)
- Of 22 people attending the Shurdington Friendly Group, 7 had paid privately to have toe nails cut at Abbotswood GP surgery.

Oct-Dec 2014

- I have to wait a long time to get my nails cut - 10 weeks at Lydney Health Centre. Slow process.
- My husband got a referral to chiropody service. When he saw all the forms he had to fill in, he said he wouldn't bother. He now pays privately.
- Private podiatrists - not many in Tewkesbury.
- I regret that there is no longer a toe nail cutting service.

Appointments - availability and difficulty calling/booking

Apr 2013 - Mar 2014

- My feet are very painful which affects all my daily routine. My GP made an appointment over a month ago to see a consultant but I haven't heard anything. It's not good enough as I can't function.
- I've rung the podiatry number repeatedly to try and cancel tomorrow's appointment as it clashes with an endoscopy appointment, but there's no reply.
- To make an appointment for podiatry at Tewkesbury Hospital, you have to phone a 01242 (Cheltenham number). It is always engaged no matter what time you ring. Not sure why I have phone Cheltenham for a Tewkesbury service.
- Why is it impossible to book annual diabetic podiatry appointments 6 weeks in advance?
- The 'Joining Up Your Care' booklet has a small section headed up 'Community Therapy Services' which states that the two week standard wait for podiatry appointments is now not needed and propose an appointment system based on individual need. How will this be monitored to ensure in particular diabetic podiatry patients are seen quickly (some should be seen within 24 hours)?
- Client wants to cancel a podiatry appointment tomorrow at St Paul's. Has been ringing their

number for a few days, but it's constantly engaged.

- Podiatry service very bad at The Rikenel. I've been waiting for a referral for an ingrowing toenail since beginning of February.

Apr-Jun 2014

- Caller having difficulty getting through to podiatry at St Paul's in Cheltenham, to chase a follow up appointment for the fitting of insoles that had been ordered on 17th January.
- Gentleman trying to get through to podiatry at the ILC in Cheltenham to rearrange an appointment. He wasn't very happy because when he rang the number given on the letter, it was a fax and he could not get through. He also tried another number 0300 4228132 (podiatry at GRH) and got no response.
- Referred for podiatry services in early April - not even had a date yet. Disappointing.
- Podiatry appointments, I have been unable to get one since the booking system changed.
- Cirencester Hospital Podiatry Outpatients, they asked me for days when I couldn't go, then offered me an appointment on one of these days. This has happened twice.
- Podiatry - very difficult to make an appointment, but when you do get connected, the lady answering is very helpful.
- Find it difficult to make an appointment for podiatry - line engaged or left ringing with no answer for ages.

Jul-Sep 2014

- Too long in between podiatrist appointments.
- PALS did not mention Healthwatch when I complained about podiatry and getting an appointment for a child with a long term disability who was signed off for not having an appointment within six months.
- I have had great difficulty getting a telephone appointment at the St Paul's podiatry department. I tried every morning for over a week to get through.
- I think there's an issue of efficiency here - patients try to call to cancel appointments and can't get through and there seems to be no quick way of re-allocating cancellation appointments. (Task group member)
- I self-referred in January but received no response until April when I was notified of an appointment in June. I presumed my referral had been lost. (Task group member)
- My daughter was in hospital and wasn't going to be able to make her podiatry appointment in another part of the hospital. There's a problem even within the hospital site as the message wasn't passed on. (Task group member)
- I had an appointment at Cirencester Hospital and was offered a cancellation appointment a month ahead. Why can't that system work for making other appointments in advance? (Task group member)
- With appointments made far in advance there's a danger people will forget. There doesn't seem to be a text/email reminder service available. (Task group member)

- I had difficulty getting an appointment but received excellent service once seen by the consultant. (Task group member)

Oct-Dec 2014

- I rang the podiatry service appointment line on Friday 28th November at 2pm and got straight through to a very helpful young man. He couldn't book my next appointment in January though because the podiatrist's rota is not yet available.
- My husband had a podiatry appointment last week but was told he couldn't make his next appointment in January because the rotas have not been confirmed yet. He's not had a problem previously booking his monthly appointments but it seems Christmas/New Year scheduling is causing problems and frustrations for both patients and podiatrists. I don't recall it being a problem last year.
- Issues with bookings are due to the build of the PFI (Private Finance Initiative) system at GRH. There are two phone lines and if both are engaged the calls get stacked with no option to leave a message. (Task group member)
- The podiatry service gets paid when a new referral is made. No further payment is received if more than one appointment is needed (as a course of treatment). So if a patient is discharged after a year, it's better for the service financially to start over again with a new appointment. (Task group member)
- Professionals and patients seem to be experiencing the same problems as a result of problems with the booking system. (Task group member)
- With regard to podiatry clinics without admin support, receptionists were lost at the point of merger with Social Services. Not having a receptionist means no-one can give out repeat prescription insoles so another appointment has to be made which is not the best use of the podiatrist's time. It would be more cost effective to employ a receptionist and reduce the unnecessary demand for appointments with podiatrists. (Podiatrist)

Jan-Mar 2015

- The telephone system worked perfectly well, much better than last time. I heard a message saying my call was being diverted and it was picked up immediately. I'd tried to make a referral online, there was an issue with the website which was corrected within 24 hours. (Task group member)

Orthotics related comments

Apr 2013 - Mar 2014

- Not happy with orthotics department at Gloucestershire Royal. It takes ages to make simple changes to the orthotic. Staff knowledge of orthotics is not consistent. The building is poorly located for people with mobility problems

Apr-Jun 2014

- I always have to make orthotic appointments but usually get one fairly promptly and haven't had any problems getting specialist footwear other than the delay to supply it.
- I have had problems with orthotics in the past. This is basically because the orthotist did not read the notes. My son has two pairs of boots each time with toe protectors. I have to attend every meeting to ensure that he gets the right provision. The appointments are at school and

are routine. Every six months he is measured for new boots. So there should not really be a need for me to attend unless I have something specific to discuss.

- We've had problems with orthotics - in fact I sent in a complaint letter and haven't even had a response. The issue is orthotics either give 4 monthly or open appointments. If you have an open appointment you must ring back within 6 months and make an appointment or they sign you off without letting you know. You must then be re-referred. If you have a 4 monthly appointment and cancel it, they will rebook you. If you cancel that, they write to say they'll discharge you unless you ring them. It's up to you to make sure you have the right appointment! Add to this, once you have a letter from your consultant (who works part time), or a GP referral, the letter MUST be authorised by the orthotist before they make the appointment. In Gloucester the orthotist comes in every Monday. So his opinion is greater than that of the consultant. This is for a child who has had piedro boots for the last six years and has a long term condition which won't change. I originally rang in March and we're going next week. Her boots no longer fit. I have suggested that they write to people with open appointments before signing them off, and I can't really understand why it needs rubber stamping by the orthotist when a GP or consultant has referred them. Are they not qualified enough?
- Daughter unhappy about the way her mother was treated at CGH orthotics department on 31st March 2014: After an accident in 1983 my mum has one leg shorter than the other and has to have her shoe built up, she has constant check-ups. In the orthotics department, Cheltenham, a member of the team who is not a medical professional took one look at the shoe which was to be built up and refused to provide treatment. She then tried saying that mum had been discharged from their care over two years ago. (Yet, it only took her seconds to get her notes.) I questioned, in that case, why did she still have instant access to the paper notes of patients she didn't treat. She then raised her voice, which caused the argument to escalate. She claimed the policy has always been the same. Yet, in the previous 31 years this has never happened. The policy of seeing the shoe maker every six months, yet only one pair of shoes are able to be built up a year. She said we needed a referral from our GP. We phoned the GP who faxed over a referral letter, and who also claimed this whole exercise unofficial and pointless. She then phoned her manager, who was based outside Cheltenham. This manager proved to be condescending and unprofessional. She instantly discussed my mum's medical history and details with me, even though consent had not been given. This manager claimed not to know why the policy wasn't always working but said it was in place. Neither women had a good hospital manner, neither were able to keep calm, nor offer a solution. We still don't understand why they want her to visit the shoemaker when absolutely nothing in her condition has changed. Mum was forced to leave without receiving any treatment

Jul-Sep 2014

- Orthotics at GRH not good. It has now moved to the back of the hospital and is difficult to get to which seems a bit silly as most people using service have mobility issues. The service has been bought in and it shows. Technical/medical understanding is not good.
- My 16 year old son has hypermobile joints and a diagnosis of Ehlers Danlos III. The physio and orthotists could do no more for the pain in his feet and suggested a referral to a podiatrists. We were offered an appointment at Tetbury. This referral was then refused as they wanted him to be assessed by MSKCAT. I live in the south of Glos and was offered an appointment in

Gloucester city, when I asked if there was anything closer I was offered an appointment in Hereford which is even further away. The week before the now cancelled appointment I received a letter from the NHS in Milton Keynes (Bucks) cancelling an appointment my son had with the Wye Valley Department of Podiatry (Herefordshire) which was to take place in Tetbury (Glos) Finally an appointment came through in Cirencester. It is not clear whether this was a problem with Choose & Book or if the wrong service was requested in the first place but whatever it was, it was not easy for the GP to sort out.

Jan-Mar 2015

- Comment from public member asking how to access NHS podiatry.

Podiatric surgery

Oct-Dec 2014

- Bad experience with podiatric surgery - referred to Hereford and team couldn't go to clinic at Lydney. Poor surgical outcome too.

Complaints about podiatry service

Apr 2013 - Mar 2014

- My husband had an appointment with a specialist podiatrist at Lydney Hospital. However he was half an hour late for the appointment and the specialist refused to see him (despite his best attempts to get there on time). My husband has health issues and this caused him some upset and now refuses to see the specialist or to travel to Lydney
- Having used NHS podiatry for years, I have gone private only to be told by my private consultant that I should have had a built up insole years ago.
- I have now gone privately for my feet as the waiting list at Gloucestershire Royal for podiatry is not acceptable. They are also not very professional, no customer service.

Jul-Sep 2014

- At Stroud Hospital treatment rooms don't have a computer in them so the consultant has to look at your notes before examining you. (Task group member)

Compliments about podiatry service

Apr 2013 - Mar 2014

- Podiatrist visits Newent surgery - good service.
- Podiatry in Gloucester, I get a good service.
- The Podiatry Clinic at Village Clinic in Bishop's Cleeve is fantastic - [REDACTED] is marvellous.
- Now have podiatry service at Tewkesbury Hospital which I am pleased about.
- The podiatry service have been very helpful, they even fitted me out with new shoes but I can't wear them, they're too heavy. I have one problem toe so all shoes are uncomfortable and I soon have to kick them off.

Apr-Jun 2014

- Podiatry were very good when I emailed them in distress at the way an infected ingrowing

toe nail had triggered my son to lose control of his muscles and he had a minor operation fairly quickly.

- Lydney Hospital - podiatrist - access great. Follow up good too.
- I would like to say how very much podiatry services have improved - having experienced several years trying to help clients gain access to the service, which at times was very frustrating - now we have a self-referral system, which I have had to use myself, easy to access, prompt responses - an excellent service by professionals.

Jul-Sep 2014

- Podiatry at Lydney Hospital. Been discharged, got exercises to do. All helpful.
- I have clients in Cheltenham who have only good things to say about their podiatry treatment. (Village Agent)

Oct-Dec 2014

- Cirencester Hospital, podiatry - good, but nail cutting not available.
- I've used the podiatry service recently - they were great and helped me with my feet.
- Podiatry - originally referred two years ago for an operation on my foot - didn't take it up at the time as I hoped it would clear up by itself, but it didn't. I thought I would have to go back to the GP and go through all the referral process again, but I rang the podiatry service number on my last appointment letter and they said no, you are on our system, we can make an appointment, would you like to come in next week? So I went. I've had three appointments in Tetbury and I'm going to Gloucester for an ultrasound next week. It's all been straight so far.
- My partner is a diabetic. He cannot fault Lydney Podiatry.
- Chiropody at Cirencester Hospital. It's really good, I am happy with the service.
- I have to say without any doubt, the service from booking my yearly diabetic appointment though to my actual appointment at Cheltenham ILC was without question excellent. I have nothing but praise for the booking receptionist and technician.
- I was very satisfied with the process of obtaining a podiatry appointment. The appointment was all very good and I was satisfied with all aspects of my follow up appointment.
- It was quick to arrange my podiatry appointment which went well. The nurses were very helpful. I can't think of any improvements - I had no issues at all with the service provided at Rikenel.
- My podiatry treatment in Tewkesbury was absolutely fantastic.
- My podiatry appointment in Fairford was on time. I was put at ease and able to ask questions. I was particularly pleased to be given all the dressings I needed to cover the timescale between visits.

Jan-Mar 2015

- Village Road, Cheltenham, podiatry. Ulcerated diabetic. I go every two weeks. Fine. Happy with service. Try to see same lady.
- St Paul's Clinic. Self-referred to podiatry service. Appointment came through quickly and I

was very happy with the service.

- I attended my GP concerning a need for podiatry treatment. Following this GP visit, I received my appointment to see a podiatrist at Lydney Health Centre in about 10 days' time on Christmas Eve. My appointment was for 2.30pm and I was seen promptly on time. The appointment was excellent and I had ample time to discuss my foot problems with the podiatrist. I was given treatment including a shaped insole for my shoes, and was given another appointment for a month's time after Christmas in January. Again I was seen promptly on time and again had ample time to discuss progress with the podiatrist. I have now, as arranged received another appointment for March. So far my experience has been very positive and I cannot fault the service given.
- Podiatry service in Dursley. I received excellent treatment in Dursley for the removal of an ingrown toenail. The appointment was bang on time and only two weeks after making first contact to book the appointment. When I'd phoned up the telephone system worked much better than last time. I heard a message saying my call was being diverted and it was picked up immediately.

Appendix 4: GRCC Village and Community Agent workshop, September 2014

The comments below are a mixture of direct quotes made by the Village and Community Agents at the workshop, and quotes passed on by the Agents from their clients.

Access to basic footcare

- More GPs offering foot care services would help - some do.
- Providing a course on cutting toenails at lunch clubs in the Forest of Dean would be helpful. Could be worth contacting Lydcare for a best practice recommendation?
- I had a client who needed foot care and I provided a list for chiropodists who could make home visits.
- I think there is confusion about the availability of Best Foot Forward.
- Newent Holts Health Centre offer chiropody clinic.
- Cross-border issues impact on treatment - who pays for what?
- Rendcomb surgery have a diabetic nurse who sees clients regularly.

Appointments - issues booking or attending

- Delay in getting podiatry appointment following GP referral in July 2014 - still waiting in Sept 2014.
- It's difficult getting through to make appointment.
- I attended a podiatry appointment at the hospital, it was difficult knowing where to go. GP and community hospital giving numbers out of chiropodist. Phoning them, leaving message, no return call. Still waiting for an appointment (Berkeley). Will visit GP for advice. This is still ongoing after several weeks.
- My GP referred me to podiatry for an x-ray in July, I'm still waiting for an appointment.
- It's confusing making an appointment - you have to phone central booking line not the clinic you attend.
- Transport to get to appointments is an issue for many elderly clients.

Patient/service information

- Lack of knowledge of what podiatry services are actually available (including foot care and orthotics).
- I'm a reflexologist. There's a big difference between chiropody and podiatry but people do not always understand that.
- I wasn't aware people could self-refer, training for Village Agents would be useful.
- I'm concerned about people who've only done a short course in providing footcare promoting their services. (*Nic shared the foot care definition of "something you can do for yourself" and not needing to be medically trained.*)
- Education is needed about the different terms used.
- I think there's a need for more information about what is/isn't available as part of podiatry services. For example, clarifying what "medical need" means to qualify for basic footcare i.e. if you have a fused spine and can't bend.

Use of private chiropody services

- Dobbies Garden Centre in Cirencester have a chiropodist.
- A Chiropodist attends the lunch clubs organised by Lydcare on a six-weekly basis to provide basic foot care. I don't know how this is funded.
- I have several clients who pay to see a private chiropodist - I think it costs £30+ per session.
- People are put off by waiting times and opt to go private. Westwood surgery in Northleach have someone who does it privately but for many clients it's easier and more companionable to have someone visit you at home.
- Some people are happy to pay but don't know where to start. Clarity is needed (basic education) with reference to what is available, especially for those people who are not online.
- I think lots of people don't know where to go for information/referral/private chiropody services.
- As Village Agents we signpost not recommend. It can be hard finding information.
- Most of my clients go privately for foot care. (*7 out of 12 Village Agents around the table have clients who do this*)

Other

- I went on a Lymphoedema course which highlighted mobility issues for clients. Integrated community teams = high level nursing care rather than admitting. Prevention rather than cure.



Healthwatch Gloucestershire - Podiatry Survey 2014

Healthwatch Gloucestershire gathers the views and experiences of the public, patients and carers (both positive and negative) on health and social care services across the county. We would be grateful if you could take a few minutes to tell us about your experience of NHS Podiatry Services in the last year. Your answers will remain anonymous unless you choose to give your name. **The deadline for completing the survey is Friday 14th November 2014.**

Please return using the enclosed FREEPOST envelope to Healthwatch Gloucestershire, FREEPOST SWC 0305, Community House, 15 College Green, Gloucester, GL1 2BR. **If you would prefer to complete the survey online it is available at: www.gccc.org.uk/snap/healthwatchpodiatry/survey.htm**

If you have any queries or comments about the survey please contact Healthwatch Gloucestershire on 0800 652 5193.

Please answer the questions based on your most recent NHS podiatry appointment.

1a. Were you fully satisfied with the process of obtaining your podiatry appointment? Yes No

1b. Please tell us what you were not satisfied with and what you would like improved, or highlight any aspects you thought were particularly good.

2a. Were you fully satisfied with how your podiatry appointment went? Yes No

2b. Please tell us what you were not satisfied with and what you would like improved, or highlight any aspects you thought were particularly good.

3a. Were you fully satisfied with the process of obtaining a follow-up podiatry appointment (if applicable)?
 Yes No N/A - Did not need a follow-up appointment

3b. Please tell us what you were not satisfied with and what you would like improved, or highlight any aspects you thought were particularly good.

PTO

4a. Were you fully satisfied with the information you obtained or were given about NHS Podiatry Services?

Yes

No

4b. Please tell us what you were not satisfied with and what you would like improved, or highlight any aspects you thought were particularly good.

5. Are there any other improvements you would like to see to NHS Podiatry Services or anything else you would like to tell us about your experience (good or bad) e.g. using orthotics or private chiropody services.

6. Which district do you live in?

Cheltenham

Forest of Dean

Stroud

Outside Gloucestershire

Cotswold

Gloucester

Tewkesbury

7. Which clinic did you attend for your most recent podiatry appointment?

Bourton-on-the-Water

Cheltenham (St Paul's)

Fairford

Stonehouse

Cheltenham (General Hospital)

Churchdown

Gloucester (GRH)

Stroud

Cheltenham (Hesters Way)

Cinderford

Gloucester (Rikenel)

Tetbury

Cheltenham (Independent Living Centre)

Cirencester

Lydney

Tewkesbury

Coleford

Moreton-in-Marsh

Winchcombe

Dursley

Newent

Wotton-under-Edge

Other, please specify

8. Are you diabetic?

Yes

No

9. What is your age group?

Under 18

18-24

25-49

50-64

65-79

80+

10. OPTIONAL: If you are happy for us to contact you about your experience please leave your details below.

Name

Email

Telephone

THANK YOU FOR YOUR FEEDBACK

Appendix 5b: HWG podiatry survey respondents by clinic

	Paper	Web	Total
Cheltenham (Hesters Way)	0	1	1
Cheltenham (Independent Living Centre)	1	1	2
Cheltenham (St Paul's)	5	5	10
Churchdown	0	2	2
Cinderford	3	1	4
Cirencester	12	3	15
Dursley	1	0	1
Gloucester (GRH)	5	8	13
Gloucester (Rikenel)	6	11	17
Lydney	12	1	13
Moreton-in-Marsh	9	3	12
Newent	0	2	2
Stroud	1	7	8
Tetbury	1	2	3
Tewkesbury	12	3	15
Winchcombe	19	1	20
Wotton-under-Edge	0	1	1
Other (GP surgery)	0	1	1
GRAND TOTAL	87	53	140

Clinics with no respondents
Bourton-on-the-Water
Cheltenham (General Hospital)
Coleford
Fairford

The highlighted clinics received paper copies and posters distributed via Gloucestershire Podiatry Service.

Healthwatch Gloucestershire - Podiatry Questionnaire 2014

Final analysis, November 2014

140 responses

Introduction

Dates and responses

- The Healthwatch Gloucestershire Podiatry Questionnaire was made available from Wednesday 1st October 2014 in both paper and online formats. The deadline for the survey was Friday 14th November 2014 but the survey was kept open for a further week in case of any late arrivals.
- As of 10am on Friday 21st November there had been **140 responses**, of which 87 (62%) were completed in hard copy and 53 (38%) online.
- This report provides a full analysis of the data and includes all comments made by respondents.

Percentages

- Percentages are out of 140 unless stated otherwise.
- Percentages have been rounded to whole numbers therefore some totals may appear to add to 99% or 101%; however the unrounded figures add to exactly 100%.

Comments

- Comments are provided verbatim.
- The comments are shown on a theme-by-theme basis with the clinic name in the left-hand column. In some cases only part of the comment relates to the theme at hand; the part which is not directly relevant to the theme has been shown in a paler font colour.
- Some comments contain more than one theme so have been duplicated as applicable.
- Comments have been spellchecked but have not otherwise been edited.

Summaries

- Boxed summaries are provided above each question. The content of these summaries also appears (in a slightly amended form) on the following three pages as the main summary for this report.

Summary

- There were 140 respondents to the survey.
- All 6 districts of Gloucestershire were represented, as follows: Cotswold (21%), Tewkesbury (21%), Gloucester (19%), Forest of Dean (14%), Cheltenham (13%) and Stroud (11%), with 1% living outside the county.
- 17 different clinics were represented, most commonly Winchcombe (14%), Gloucester (Rikenel) (12%), Cirencester (11%) and Tewkesbury (11%), which together account for almost half (48%) of all respondents.
- All age groups were represented but the majority of respondents (89%) were aged 50 and above, with 22% aged 50-64, 44% aged 65-79 and 24% aged 80+.
- 31% of respondents are diabetic.
- 85% were fully satisfied with the process of obtaining their podiatry appointment and 14% (19 people) were not fully satisfied (the other 1% did not reply).

The main reasons for dissatisfaction were:

- **The booking process**
 - Unable to get through on the phone (3 respondents)
 - Restricted times available to ring for appointment (3)
 - Unable to book online (3)
- **Timing issues**
 - Waited too long to receive an appointment (8)
 - Appointments too infrequent (2)
- **Other**
 - Lack of information/clarity (3)
 - Would have liked to have been referred sooner (3)
 - Eligibility for appointments (2)
- 92% were fully satisfied with how their podiatry appointment went and 6% (8 people) were not fully satisfied.

The most common reasons for dissatisfaction were:

- Reception/admin arrangements at the clinics (4)
- Eligibility for toe nail cutting (2)
- Insoles/orthotics (2)

However the overwhelming majority of comments received in regard to this question were positive, with many in praise of the attitude of the podiatrist they saw - e.g. caring, friendly, kind etc. and others commenting on aspects such as the treatment received, the advice given and the thoroughness of the consultation.

- 91% of the 109 people to whom the question applied were fully satisfied with the process of obtaining a follow-up podiatry appointment. 9% (10 people) were not fully satisfied.

The most common reasons for dissatisfaction were:

- Too long a wait for next appointment (6)
- Would prefer to make follow-up appointment whilst at podiatrist* (4)

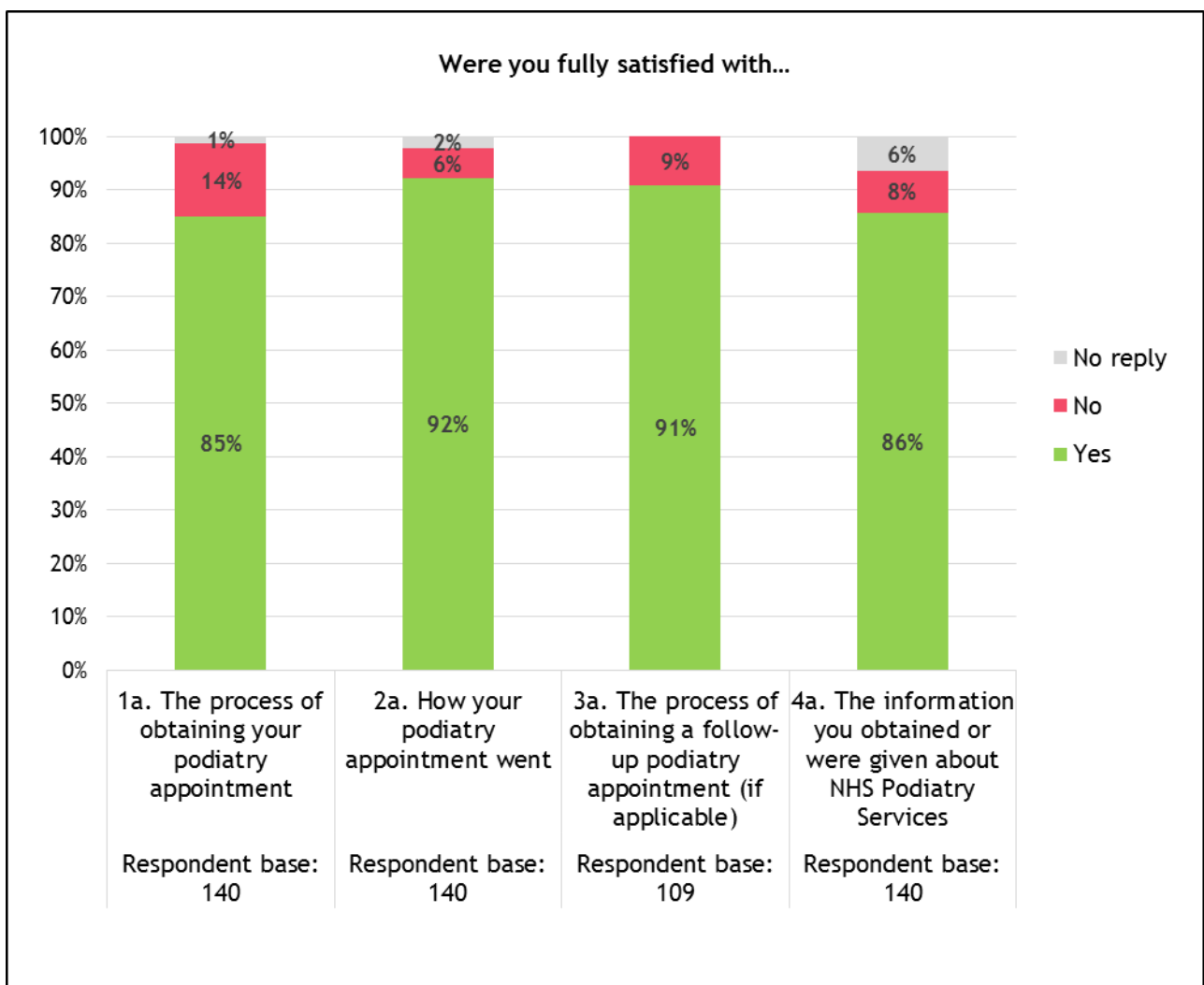
*However several others commented positively on how they had been able to make such an appointment.

- 86% were fully satisfied with the information they obtained or were given about NHS Podiatry Services and 8% (11 people) were not fully satisfied.

The most common reasons for dissatisfaction were:

- Lack of awareness of podiatry services (4)
- Lack of clarity as to who does what (4)

Visual summary:



- 71% were fully satisfied with all of the above aspects (where applicable). 2% (2 people) were not fully satisfied with any of the above aspects. 23% were not fully satisfied with at least one of the above aspects.
- Finally, respondents were asked if there were any other improvements they would like to see to NHS podiatry services or if there was anything else they would like to say about their experience. The most common themes of the comments are summarised below, but since these issues also arose elsewhere in the survey the numbers reflect the total number of mentions throughout the survey (however each respondent is only counted once for any given topic).
 - Orthotics (10)
 - Insoles (10)
 - Private services (8)*
 - Toe nail cutting (6)*
 - Frequency of appointments (5)
 - Changing appointments (4)
 - Lack of awareness of podiatry services (4)
 - Lack of clarity as to who does what (4)
 - Would have liked to have been referred sooner (4)
 - Diabetics (3)
 - Seeing the same podiatrist (2)

*4 of the respondents in these sections specifically mentioned eligibility for NHS podiatry services

One respondent requested a home visiting service; this respondent is the manager of a care home.

Full results - quantitative questions

1a. Were you fully satisfied with the process of obtaining your podiatry appointment?

- 85% were fully satisfied with the process of obtaining their podiatry appointment.
- 14% (19 people) were not fully satisfied.

	No. of respondents	% of 140 respondents
Yes	119	85%
No	19	14%
No reply	2	1%
TOTAL	140	100%

2a. Were you fully satisfied with how your podiatry appointment went?

- 92% were fully satisfied with how their podiatry appointment went.
- 6% (8 people) were not fully satisfied.

	No. of respondents	% of 140 respondents
Yes	129	92%
No	8	6%
No reply	3	2%
TOTAL	140	100%

3a. Were you fully satisfied with the process of obtaining a follow-up podiatry appointment (if applicable)?

- 91% of the 109 people to whom the question applied were fully satisfied with the process of obtaining a follow-up podiatry appointment.
- 9% (10 people) were not fully satisfied.

	No. of respondents	% of 109 respondents
Yes	99	91%
No	10	9%
SUBTOTAL	109	100%
N/A - Did not need a follow-up appointment	23	
No reply	8	
GRAND TOTAL	140	

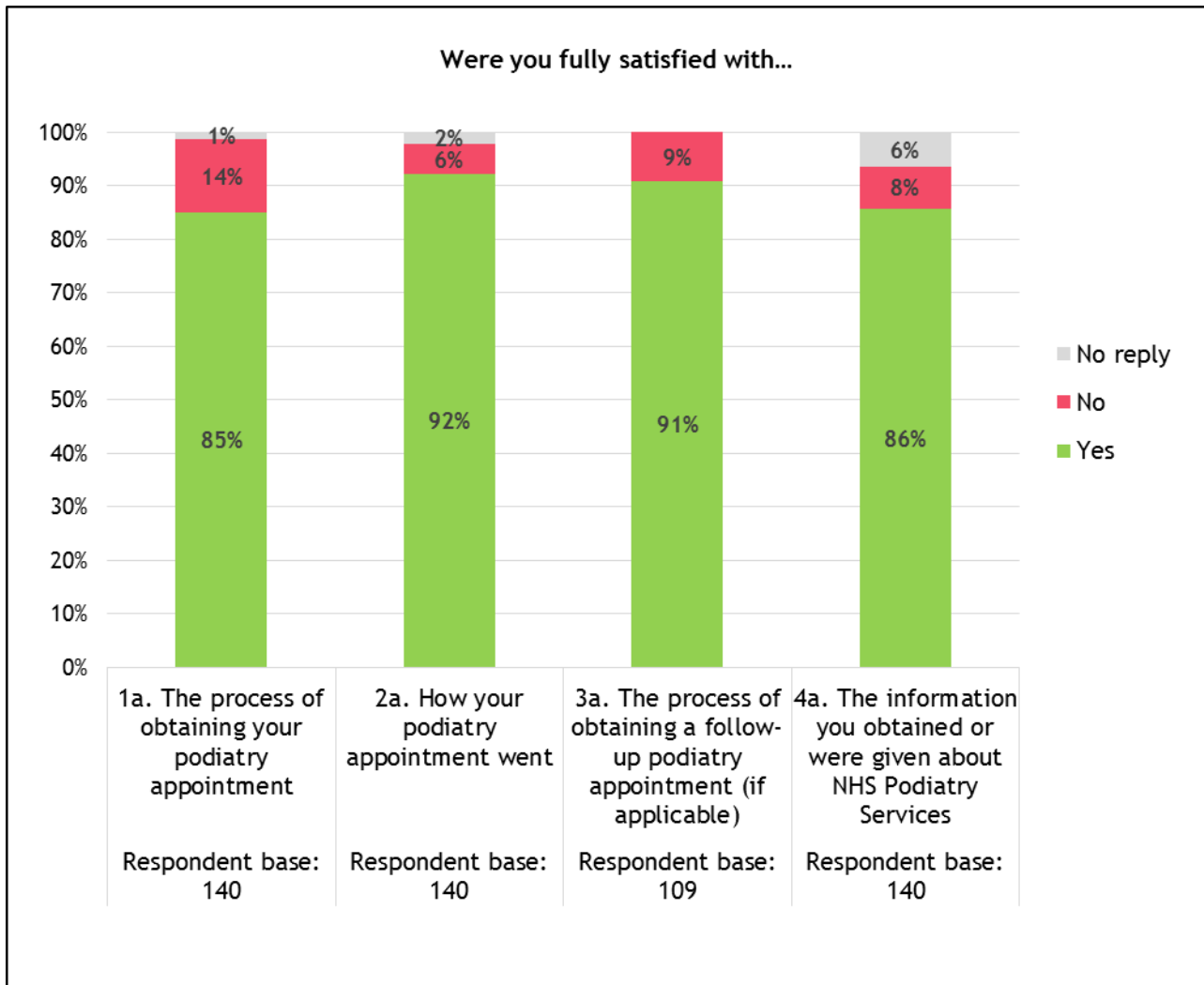
4a. Were you fully satisfied with the information you obtained or were given about NHS Podiatry Services?

- 86% were fully satisfied with the information they obtained or were given about NHS Podiatry Services.
- 8% (11 people) were not fully satisfied.

	No. of respondents	% of 140 respondents
Yes	120	86%
No	11	8%
No reply	9	6%
TOTAL	140	100%

Q1a-4a ctd.

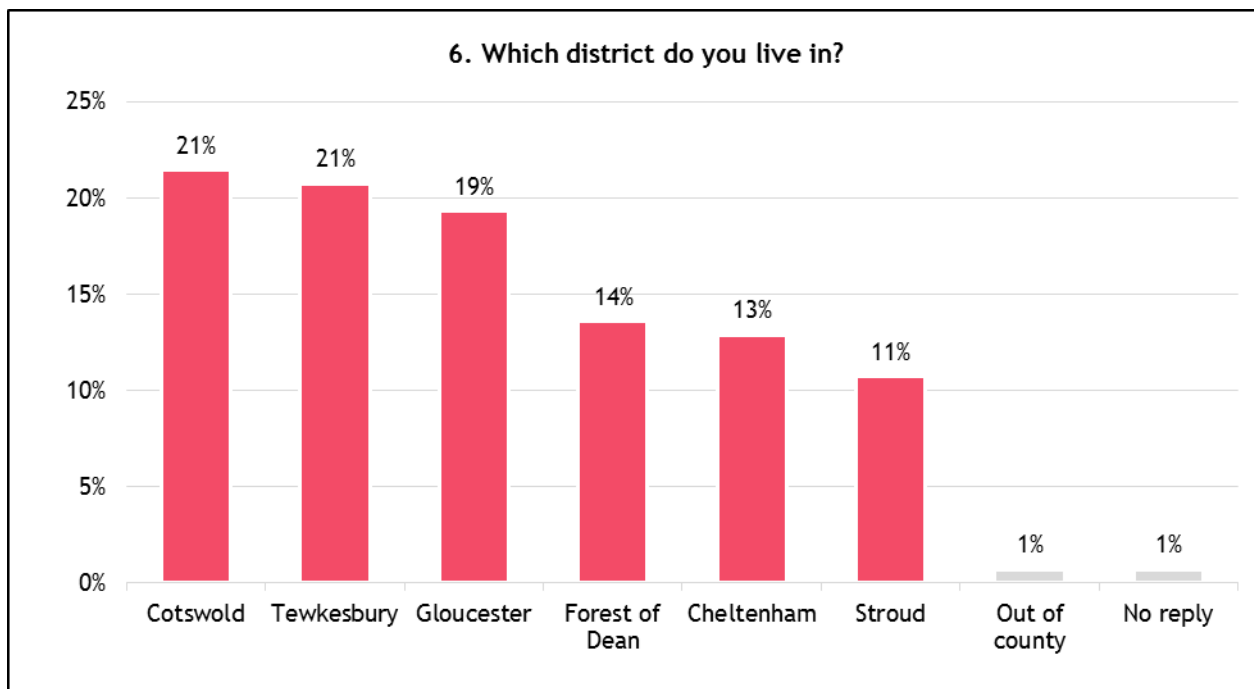
Visual summary:



- 71% were fully satisfied with all of the above aspects.**
The figure of 71% is made up of 62% who answered 'Yes' to all four questions 1a-4a and a further 9% who answered 'Yes' to 1a, 2a and 4a and 'N/A - did not need a follow-up appointment' to 3a. In addition there were 6% who did not reply to one or more of the four questions but ticked 'Yes' to all those that they did answer. Therefore this gives a total of 77% of respondents who did not tick 'No' to any question.
- 2% (2 people) were not fully satisfied with any of the above aspects.**
The figure of 2% is made up of 1% (1 person) who answered 'No' to all four questions 1a-4a and a further 1% (1 person) who answered 'No' to 1a, 2a and 4a and 'N/A - did not need a follow-up appointment' to 3a. In addition there was 1% who did not reply to one or more of the four questions but ticked 'No' to all those that they did answer.
- 23% were not fully satisfied with at least one of the above aspects.**
This is the proportion who answered 'No' to one or more of the four questions 1a-4a.

6. Which district do you live in?

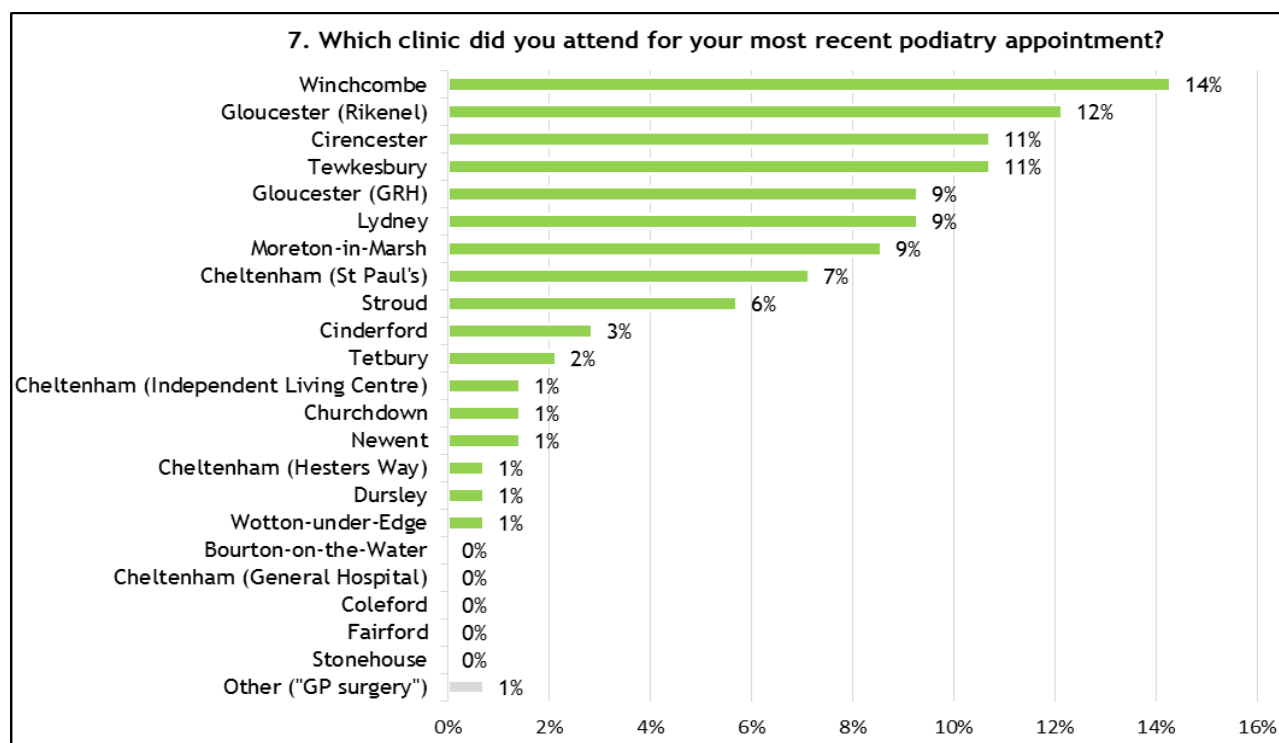
- All 6 districts of Gloucestershire were represented, as follows: Cotswold (21%), Tewkesbury (21%), Gloucester (19%), Forest of Dean (14%), Cheltenham (13%) and Stroud (11%), with 1% living outside the county.



	No. of respondents	% of 140 respondents
Cotswold	30	21%
Tewkesbury	29	21%
Gloucester	27	19%
Forest of Dean	19	14%
Cheltenham	18	13%
Stroud	15	11%
Out of county	1	1%
No reply	1	1%
TOTAL	140	100%

7. Which clinic did you attend for your most recent podiatry appointment?

- 17 different clinics were represented, most commonly Winchcombe (14%), Gloucester (Rikenel) (12%), Cirencester (11%) and Tewkesbury (11%), which together account for almost half (48%) of all respondents



	No. of respondents	% of 140 respondents
Winchcombe	20	14%
Gloucester (Rikenel)	17	12%
Cirencester	15	11%
Tewkesbury	15	11%
Gloucester (GRH)	13	9%
Lydney	13	9%
Moreton-in-Marsh	12	9%
Cheltenham (St Paul's)	10	7%
Stroud	8	6%
Cinderford	4	3%
Tetbury	3	2%
Cheltenham (Independent Living Centre)	2	1%
Churchdown	2	1%
Newent	2	1%
Cheltenham (Hesters Way)	1	1%
Dursley	1	1%
Wotton-under-Edge	1	1%
Bourton-on-the-Water	0	0%
Cheltenham (General Hospital)	0	0%
Coleford	0	0%
Fairford	0	0%
Stonehouse	0	0%

Other ("GP surgery")	1	1%
TOTAL	140	100%

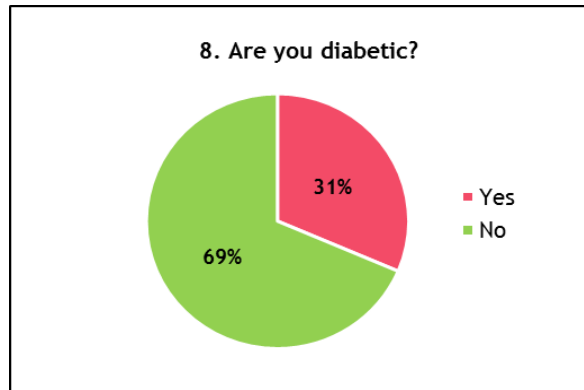
'No' by clinic

- The number of people who ticked 'No' (i.e. not fully satisfied) to each of Q1a to Q4a are shown below by clinic, as well as the total number of respondents from each clinic for reference.
- For example, 15 respondents attended Cirencester clinic, of whom 3 ticked 'No' to Q1a, none ticked 'No' to Q2a and 2 each ticked 'No' to Q3a and Q4a.
- The clinics are arranged alphabetically in this table.

Clinic	Total respondents from clinic	Number of 'No' responses			
		Q1a	Q2a	Q3a	Q4a
Bourton-on-the-Water	0				
Cheltenham (General Hospital)	0				
Cheltenham (Hesters Way)	1	1			
Cheltenham (Independent Living Centre)	2				
Cheltenham (St Paul's)	10	1			
Churchdown	2	1			
Cinderford	4				
Cirencester	15	3		2	2
Coleford	0				
Dursley	1				
Fairford	0				
Gloucester (GRH)	13	4	1	2	3
Gloucester (Rikenel)	17	1	1		1
Lydney	13		2		1
Moreton-in-Marsh	12			1	1
Newent	2				
Stonehouse	0				
Stroud	8	5	3	1	2
Tetbury	3			1	
Tewkesbury	15	2	1	1	1
Winchcombe	20	1		2	
Wotton-under-Edge	1				
Other (GP surgery)	1				
TOTAL	140	19	8	10	11

8. Are you diabetic?

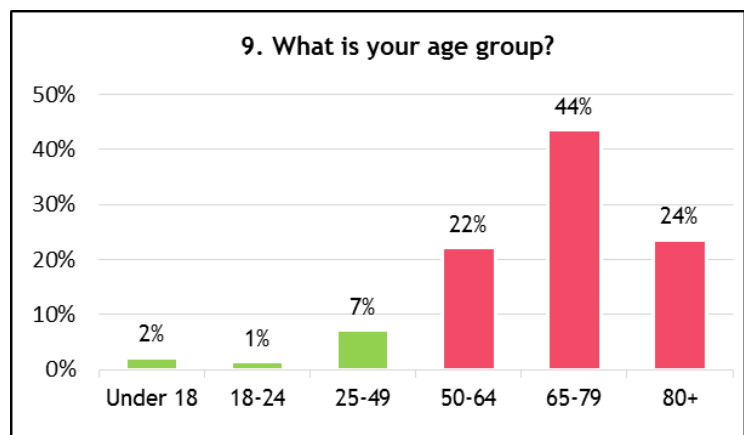
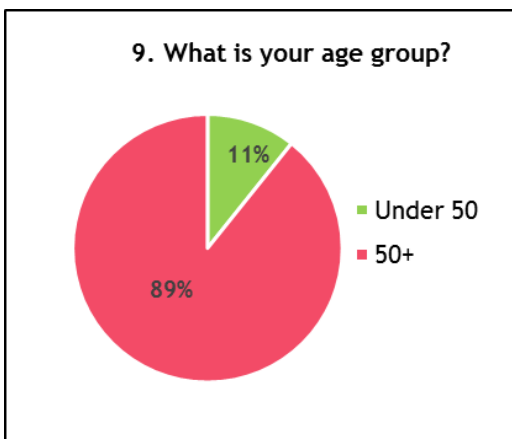
- 31% are diabetic



	No. of respondents	% of 140 respondents
Yes	44	31%
No	96	69%
TOTAL	140	100%

9. What is your age group?

- All age groups were represented but the majority of respondents (89%) were aged 50 and above, with 22% aged 50-64, 44% aged 65-79 and 24% aged 80+



	No. of respondents	% of 140 respondents
Under 18	3	2%
18-24	2	1%
25-49	10	7%
50-64	31	22%
65-79	61	44%
80+	33	24%
TOTAL	140	100%

Full results - qualitative questions

1a. Were you fully satisfied with the process of obtaining your podiatry appointment?
 1b. Please tell us what you were not satisfied with and what you would like improved, or highlight any aspects you thought were particularly good.

The main themes of the comments were as follows:

The booking process

- Unable to get through on the phone (3 respondents)
- Restricted times available to ring for appointment (3)
- Unable to book online (3)

Timing issues

- Waited too long to receive an appointment (8)
- Appointments too infrequent (2)*

Other

- Lack of information/clarity (3)*
- Would have liked to have been referred sooner (3)
- Eligibility for appointments (2)

*These issues arose again elsewhere in the survey - see Q5 for full details

i) The booking process

Unable to get through on the phone	
Gloucester (GRH)	Phone just rings and rings and nobody answers, trying to get through to podiatry at GRH. Almost impossible to get through on the phone. This is not just my experience but what my friends have told me as well.
Gloucester (GRH)	It was difficult often having to leave a message on answerphone, if I was deaf or elderly this could be a problem.
Tewkesbury	It was very much appreciated that I could self-refer using a form, but I was advised via letter of the date of my first appointment, which I could not make. I was unable to cancel this via telephone, as it rang out on several occasions, so I sent an email.
Restricted times available to ring for appointment	
Cheltenham (Hesters Way)	Restricted time available to phone for appointment.
Cheltenham (St Paul's)	Unable to speak to Podiatry Service between 12.30pm and 1.30pm or leave a message. <i>Would like to see a Saturday morning service?</i>
Cheltenham (Independent Living Centre)	My understanding of booking appointments is that they can only be made between certain hours, after that the phone just rings. A recorded message to state this will help patients ring at the appropriate time.
Unable to book online	
Stroud	I self-referred. Could not do so online!!!! Got no reply or acknowledgement etc. etc.
Stroud	Couldn't submit an appointment request online. Two months before I got a reply - thought they were just ignoring me as I didn't get the courtesy of

	an acknowledgement of my request before that. Over a month later still before my allocated appointment.
Cirencester	I would love to be able to book by computer/internet. It is expensive to buy stamps for both you and I, and internet gives you the opportunity to make an appointment that suits you and you don't have to ring up and change.
Other complaints about the booking process	
Tetbury	The appointment system needs improvement.
Winchcombe	The new system is a retrograde step, inserting yet another office layer in the process.
Stroud	All rather amateurish - and dated - takes some time and very inflexible.
Tewkesbury	Phone in better Tewkesbury Hospital for appointments.
Tewkesbury	I am a scheme manager for elderly independent living accommodation and I am passing on the comments of several people. Appointments are not frequent enough, the way of making appointments is long winded and frustrating. The criteria for being eligible for the service excludes a lot of people who need it and there is no home visiting service which means having to pay for private home visits, very expensive.
Gloucester (Rikenel)	I have been using the service for over a year now due to an ongoing issue with my toenail. The podiatry department have been amazing, I am just appalled at how long it took for doctors to take me seriously and refer me to the service. I was continually plied with antibiotics which clearly weren't working. Ringing up to get an appointment is tricky, passed through a string of phone numbers so quite a lot of hassle. Appointments made by email or in person at the Rikenel were much more successful.
Stroud	Attending an appointment for treatment of 2 ingrowing toe nails, to be told we didn't have an appointment. Apparently nurse had left that gave booklet, paperwork, time, details etc.
Gloucester (GRH)	It took nearly 2 months to get the appointment only to be changed at the last moment from Rikenel medical centre to Gloucester Royal Hospital.
Cheltenham (St Paul's)	I had to ring my surgery's practice nurse, as I had been waiting at least a month, for my appointment to come through. Once I had spoken to her, I received an appointment the following week.
Cirencester	03-Jun-14: Self-referral appointment requested by telephone, discussed with appointment team later that day & advised I should receive an appointment within 2-3 weeks of returning relevant form. 09-Jun-14: 2 x forms (1 x podiatrist + 1 x footwear service) returned by email indicating I would attend any clinic at any site. After several telephone calls finally received a letter with podiatry appointment for 07-Aug-14. 07-Aug-14: Attended clinic only to find the podiatrist was on holiday. Telephoned appointments team who advised I would be offered another appointment in 3-4 weeks' time. Not happy! 11-Aug-14: Email offering appointment for 14-Aug which I attended and was very pleased with podiatrist's advice and actions principally making imprints for replacement orthotics. 14-Oct-14: Still awaiting the orthotics. The new IT system has imposed additional burdens on clinical staff who are required to enter all patient details at the 1st appointment. Using clinical staff data entry is inappropriate because: 1. They do not have the necessary skills (yes, it is skilled work), 2. This is an expensive (and frustrating) use of clinicians' time which has

compounded other delays in the system, and 3. The system itself was inadequately specified: a) it would have been much more efficient to transfer existing data electronically (directly from the old system for existing patients or using trained data entry clerks for new patients) and b) it should have been linked to the system that allocates clinician time (so appointments cannot be made for staff who are on holiday).

Positive comments about the booking process	
Gloucester (Rikenel)	Easy to book appointment and I'd a choice of sites too.
Cheltenham (St Paul's)	Booking was easy and straightforward, but I wouldn't even have known about the service if I hadn't been told about it by someone who works in it.
Cheltenham (St Paul's)	Arranging appointment times - good. Care and attention given - good.
Moreton-in-Marsh	No problems - I phone the podiatry clerk, who then posts a convenient appointment.
Tewkesbury	I was particularly pleased to be able to self-refer originally. This appointment was a follow up arranged at my last appointment, which was good being able to get it sorted at that time.
Tetbury	Rapid appointment and no need to re-refer via my GP.
Cirencester	The service of the operative is very good but the NHS does not give me enough appointments i.e. periods in-between each.
Moreton-in-Marsh	I was pleased to receive a phone call reminder of my appointment prior to my impending visit.

General/unspecified comments made in response to Q1b	
Tewkesbury	Completely satisfied.
Winchcombe	Very satisfied.
Cheltenham (St Paul's)	Very efficient and pleasant.
Moreton-in-Marsh	Very friendly, very pleasant at all times.
Cirencester	Whole experience very satisfactory.
Lydney	Most professional service.
Winchcombe	I thought the whole procedure was carried out with a first class manner.
Winchcombe	An altogether satisfactory experience. The podiatrist was particularly welcoming and supportive. Treatment was gentle but very positive and most effective. I cannot imagine a better experience in any way. Full marks.
Gloucester (GRH)	Satisfied with my appointment and the way everything went.
Lydney	I was satisfied, but I have trouble with my toe. But put a piece of bandage on, but didn't do no good. They did check my toe.
Gloucester (Rikenel)	The lady listened - I am disabled so I gabble on because of my tablets she was patient too.

ii) Timing of appointments

Waited too long to receive an appointment	
Churchdown	Waited much too long for appointment.
Dursley	Yes, but I think I did have to wait quite a time for an appointment.
Stroud	Long wait from May until October 27th, when appointment booked. Now waiting until 01/12/14, as first available appointment.
Stroud	Couldn't submit an appointment request online. Two months before I got a reply - thought they were just ignoring me as I didn't get the courtesy of an acknowledgement of my request before that. Over a month later still before my allocated appointment.
Cheltenham (St Paul's)	I had to ring my surgery's practice nurse, as I had been waiting at least a month, for my appointment to come through. Once I had spoken to her, I received an appointment the following week.
Lydney	I was pleased that my appointment was local, but feel I may have benefitted from being referred to the podiatrist a little earlier.
Gloucester (GRH)	Having to wait nearly nine weeks to get my insoles after having cast done of my feet, and I'm sure I might still be waiting if I hadn't rung up and complained.
Cirencester	03-Jun-14: Self-referral appointment requested by telephone, discussed with appointment team later that day & advised I should receive an appointment within 2-3 weeks of returning relevant form. 09-Jun-14: 2 x forms (1 x podiatrist + 1 x footwear service) returned by email indicating I would attend any clinic at any site. After several telephone calls finally received a letter with podiatry appointment for 07-Aug-14. 07-Aug-14: Attended clinic only to find the podiatrist was on holiday. Telephoned appointments team who advised I would be offered another appointment in 3-4 weeks' time. Not happy! 11-Aug-14: Email offering appointment for 14-Aug which I attended and was very pleased with podiatrist's advice and actions principally making imprints for replacement orthotics. 14-Oct-14: Still awaiting the orthotics. The new IT system has imposed additional burdens on clinical staff who are required to enter all patient details at the 1st appointment. Using clinical staff data entry is inappropriate because: 1. They do not have the necessary skills (yes, it is skilled work), 2. This is an expensive (and frustrating) use of clinicians' time which has compounded other delays in the system, and 3. The system itself was inadequately specified: a) it would have been much more efficient to transfer existing data electronically (directly from the old system for existing patients or using trained data entry clerks for new patients) and b) it should have been linked to the system that allocates clinician time (so appointments cannot be made for staff who are on holiday).
Appointments too infrequent	
Cirencester	The service of the operative is very good but the NHS does not give me enough appointments i.e. periods in-between each
Tewkesbury	I am a scheme manager for elderly independent living accommodation and I am passing on the comments of several people. Appointments are not frequent enough, the way of making appointments is long winded and frustrating. The criteria for being eligible for the service excludes a lot of people who need it and there is no home visiting service which means having

	to pay for private home visits, very expensive.
Other	
Tewkesbury	Be good to book appointment further than 5 weeks in the future, maybe 8 weeks.

Satisfied with timing	
Lydney	All worked well and not a long wait really.
Tetbury	Rapid appointment and no need to re-refer via my GP.
Gloucester (GRH)	Having been told by my physiotherapist it could take 6 weeks to get an appointment, I was pleasantly surprised to get a phone call yesterday offering me a cancellation today.
Gloucester (GRH)	I attended the fore foot NHS clinic at Winfield Hospital. The appointment came through for 2 weeks from my referral date and the consultant was extremely helpful.
Winchcombe	Timely, helpful.
Wotton-under-Edge	The appointment was for my son who has physical disabilities and deteriorates when fighting an infection. After the GP referral was made I emailed Podiatry who did everything they could to see my son and arrange his nail surgery as soon as they were able.
Gloucester (Rikenel)	Very much pleased with the attention given to my problem, [the podiatrist] is fantastic. Sadly I am in a great deal of pain and this problem still hasn't been resolved. I know this is not down to the quality of care and medical attention I have received, but frustrating nonetheless. I am so pleased at how quickly I have been able to be seen when needed and the advice given. Reception staff could do with being a bit more friendly, feel a bit intimidated approaching the desk. [N.B. This comment is repeated in Q2b, where the final sentence is shown in black.]

iii) Other issues

Lack of information/clarity	
Gloucester (Rikenel)	No one mentioned podiatry whilst I was being seen by physiotherapy. It was at a diabetes clinic at the GP that I mentioned my foot problem (nothing to do with diabetes) and the nurse referred me to podiatry. The process should be more transparent, and perhaps some clarity about what podiatry does as opposed to physiotherapy would have been useful.
Cheltenham (St Paul's)	Booking was easy and straightforward, but I wouldn't even have known about the service if I hadn't been told about it by someone who works in it.
Stroud	If the appointment is at Beeches Green it would be good idea if there was a little map of the actual site. On my first visit there for some time I had some difficulty finding it.

Would have liked to have been referred sooner	
Cirencester	I had foot surgery in March this year, which went well. However there was no follow up for podiatry services or physiotherapy. I would have liked to have been referred to see the physiotherapist and podiatrist post operatively after I was able to walk without the use of the black heel walking boot. There were no written instructions about mobilising my foot, and the Dr I saw in the

	orthopaedic clinic was so busy he had no time to explain anything in detail. I think that following routine foot surgery patients should be given an appointment to see a podiatrist especially as the affected foot has been changed and footwear is more difficult to find. When I saw the podiatrist he was able to provide me with comfortable orthotics which I am now using. I was also seeing a private physiotherapist as my foot was still so swollen and becoming stiff.
Gloucester (Rikenel)	I have been using the service for over a year now due to an ongoing issue with my toenail. The podiatry department have been amazing, I am just appalled at how long it took for doctors to take me seriously and refer me to the service. I was continually plied with antibiotics which clearly weren't working. Ringing up to get an appointment is tricky, passed through a string of phone numbers so quite a lot of hassle. Appointments made by email or in person at the Rikenel were much more successful.
Gloucester (Rikenel)	No one mentioned podiatry whilst I was being seen by physiotherapy. It was at a diabetes clinic at the GP that I mentioned my foot problem (nothing to do with diabetes) and the nurse referred me to podiatry. The process should be more transparent, and perhaps some clarity about what podiatry does as opposed to physiotherapy would have been useful.

Eligibility for appointments	
Moreton-in-Marsh	I've only ever had one appointment as I was told I'm not entitled to it even though I'm now 78 years old. I would appreciate the service as I have great difficulty in reaching my toes!
Tewkesbury	I am a scheme manager for elderly independent living accommodation and I am passing on the comments of several people. Appointments are not frequent enough, the way of making appointments is long winded and frustrating. The criteria for being eligible for the service excludes a lot of people who need it and there is no home visiting service which means having to pay for private home visits, very expensive.

iii) Miscellaneous

Miscellaneous	
Gloucester (Rikenel)	My appointment was made after my treatment because I required further treatment before my normal 8 week cycle. Normally my wife telephones to book each appointment.
Other (GP surgery)	Called in by GP for part of regular check-up, podiatry check carried out by designated nurse.

2a. Were you fully satisfied with how your podiatry appointment went?

2b. Please tell us what you were not satisfied with and what you would like improved, or highlight any aspects you thought were particularly good.

The most common themes of the negative comments were as follows:

- Complaints regarding reception/admin arrangements at the clinics (4)
- Eligibility for toe nail cutting (2)*
- Insoles/orthotics (2)*

*These issues arose again elsewhere in the survey - see Q5 for full details

However the overwhelming majority of comments received in regard to this question were positive, with many in praise of the attitude of the podiatrist they saw - e.g. caring, friendly, kind etc. and others commenting on aspects such as the treatment received, the advice given and the thoroughness of the consultation.

i) Negative comments

Reception/admin	
Stroud	Cuts mean there is no receptionist no appointment, interrupted by a patient unsure where to go.
Gloucester (Rikenel)	Very much pleased with the attention given to my problem, [the podiatrist] is fantastic. Sadly I am in a great deal of pain and this problem still hasn't been resolved. I know this is not down to the quality of care and medical attention I have received, but frustrating nonetheless. I am so pleased at how quickly I have been able to be seen when needed and the advice given. Reception staff could do with being a bit more friendly, feel a bit intimidated approaching the desk.
Gloucester (Rikenel)	The service at Rikenel was fine. I did not like the waiting room - steel chairs screwed to the floor, scruffy old magazines - reminded me of a prison waiting room (I once worked in a prison -not a resident!). Receptionist was OK, but seemed more interested in talking to other staff about their holidays.
Stroud	Again - all a bit amateurish - working on old computer systems - you go to one place but may have to go to another - printer in 'other place'. Podiatrist did seem to care.

Toe nail cutting	
Winchcombe	It would be ideal to have a regular appointment to have toe nails cut, as it is getting harder as I get older.
Lydney	I made an appointment for my mother (aged 98, suffers from dementia and walks with difficulty) to see the visiting podiatrist at Lydney health centre in order to have her nails cut and hard skin trimmed etc. My late father had had this done on a regular basis. The podiatrist agreed to do them this time, but then apologetically told us that she would not be able to provide this service in future as it was considered a social rather than medical problem. We now pay a private chiropodist who comes to the house. I would like to know what happens to the poor souls who live alone, have no-one to look out for them and can't afford £20+ a time for private treatment.

Insoles/orthotics	
Stroud	A pair of insoles were cobbled together for me ad hoc but not tested on me. On attempting to use them when I got home they were highly unsatisfactory and could not be used. I saw to myself and purchased appropriate insoles.
Gloucester (GRH)	The Podiatry Clinic at Gloucestershire Royal did not have a record of the consultant's findings. The Podiatrist did manufacture a rough orthotic for each foot but it had to dry before use so was not tested in my shoes, consequently, when wearing the orthotics I can't find any shoes to fit!!

Other negative comments	
Gloucester (Rikenel)	Had a student attend me, I was asked if it was ok, but thought the professional should have checked what was done and if all was ok!
Tewkesbury	The treatment was not performed to a high standard.
Moreton-in-Marsh	As this was a first appointment I was given plenty of information which was useful, and a referral to physiotherapy for my knees. I was somewhat disappointed that treatment did not commence at this point but apparently I did not have appropriate shoes with me.
Stroud	Everything - ...

ii) Positive comments

Appointment on time	
Lydney	The appointments are very good for being on time. Excellent treatment, all the staff are most pleasant and very thorough and helpful. It is a lovely clinic to attend.
Winchcombe	It was extremely satisfying not to have to wait for a long period in a waiting room until being called. I have always found my appointments attended to promptly.
Churchdown	Very prompt, no waiting, and helpful info.
Cheltenham (St Paul's)	The podiatrist saw me when I arrived, 10 minutes early.
Gloucester (GRH)	The staff were very good and appointments were on time.
Gloucester (GRH)	Very nice young lady, she obviously knew what she was doing and clearly explained what my problems were being caused by. She also explained the options available for me and those that were not suitable and why. My appointment even went ahead on time. All in all, for a hospital, a very pleasant experience.

Attitude of podiatrist	
Examples of the type of words used by respondents in the comments in this section were:	
<ul style="list-style-type: none"> • Caring • Friendly • Kind 	
The comments are arranged in alphabetical order of clinic.	
Cheltenham	My cousin has learning difficulties and the Podiatrist has a lot of patience,

(St Paul's)	kind and caring. Not all Podiatrists have given her same treatment in the past.
Cheltenham (St Paul's)	Care and attention given - good.
Cheltenham (St Paul's)	The Podiatrist was very careful and good
Cinderford	Found the podiatrist very welcoming - she helped me to relax. Treatment was more than I expected, very good. Very happy to have an appointment.
Cinderford	Very thorough and put me at my ease. Very polite.
Cirencester	I think the staff are excellent, very capable and also friendly and chatty.
Gloucester (GRH)	The care and understanding given to me. [The podiatrist] is always very considerate and understanding. I had had my previous special insoles made through the orthotics department and had severe pain in my right foot. [The podiatrist] was able to tell me that the insole was the cause of the problem and arrange for a new pair of insoles.
Gloucester (GRH)	Children's Podiatrist was very good with my child. Explained things very well.
Lydney	Good, caring staff. 78 year old pensioner. Chronic back and neck pain. Industrial injury (20% life). Can't bend to cut nails, but also takes warfarin for atrial fibrillation. Very pleased with your 'overworked', caring staff.
Lydney	The staff were friendly and caring.
Lydney	Friendly and efficient service.
Lydney	The appointments are very good for being on time. Excellent treatment, all the staff are most pleasant and very thorough and helpful. It is a lovely clinic to attend.
Moreton-in-Marsh	My podiatrist is fantastic - caring, helpful, considerate. Without her support, I would not be able to walk.
Moreton-in-Marsh	[The podiatrist] always has a pleasant and kindly approach with excellent results.
Moreton-in-Marsh	[The podiatrist] is excellent, very efficient and friendly at North Cotswold Hospital, Moreton in Marsh.
Moreton-in-Marsh	Podiatrist very thorough and kind.
Stroud	Again - all a bit amateurish - working on old computer systems - you go to one place but may have to go to another - printer in 'other place'. Podiatrist did seem to care.
Tewkesbury	Excellent treatment throughout - very caring and considerate.
Tewkesbury	It surpassed my expectations: friendly, professional, reassuring, informative - I was very impressed.
Tewkesbury	Appointments are personal not clinical. [The podiatrist] always remembers about previous appointments and always knows the answers.
Winchcombe	Unstressful, friendly & professional
Winchcombe	Excellent treatment and staff very pleasant.
Winchcombe	Friendly, concern and sensitive approach, combined with positive and effective treatment.
Wotton-under-Edge	Sympathetic, understanding staff who managed to trim the nail rather than do the full nail removal which we expected.

Other aspects of the consultation	
<p>The comments in this section include aspects such as:</p> <ul style="list-style-type: none"> • Treatment • Advice • Information • Explanation • Thoroughness • Expertise <p>The comments are arranged in alphabetical order of clinic. Some of the comments are duplicates of those in the 'Attitude' section as they include one or more of the above aspects in addition to the attitude of the consultant.</p>	
Cheltenham (St Paul's)	The man was very knowledgeable, as well as being very good.
Cheltenham (St Paul's)	The podiatrist I was given was very helpful, thorough and explained things clearly.
Cheltenham (St Paul's)	The diagnosis and advice were excellent.
Churchdown	Very prompt, no waiting, and helpful info.
Cinderford	Found the podiatrist very welcoming - she helped me to relax. Treatment was more than I expected, very good. Very happy to have an appointment.
Cinderford	Very thorough and put me at my ease. Very polite.
Cirencester	I think the staff are excellent, very capable and also friendly and chatty.
Cirencester	Clear advice as to the nature of the clinical problem, how to manage it and suitable designs/styles of shoes to maximise comfort and mobility.
Cirencester	When I eventually saw [the podiatrist] he was able to order two soft orthotics which made walking much more comfortable. It's a pity that I didn't see him after the surgery as I was in some considerable discomfort for a few weeks until my GP got me referred to the podiatry service.
Cirencester	No criticism whatsoever.
Dursley	The special insoles worked and cured my pain and slight limp.
Gloucester (GRH)	Children's Podiatrist was very good with my child. Explained things very well.
Gloucester (GRH)	The care and understanding given to me. [The podiatrist] is always very considerate and understanding. I had had my previous special insoles made through the orthotics department and had severe pain in my right foot. [The podiatrist] was able to tell me that the insole was the cause of the problem and arrange for a new pair of insoles.
Gloucester (GRH)	Very nice young lady, she obviously knew what she was doing and clearly explained what my problems were being caused by. She also explained the options available for me and those that were not suitable and why. My appointment even went ahead on time. All in all, for a hospital, a very pleasant experience.
Gloucester (GRH)	The orthotics department, they build up my shoe for me. I am really satisfied with the process of getting my shoe to them. My doctor's surgery helps.
Gloucester (GRH)	Very thorough examination and all my questions answered.

Gloucester (GRH)	The lady who saw my wife was thorough and explained everything well.
Gloucester (Rikenel)	The treatment I received was excellent. I cannot think of anything that could be improved.
Gloucester (Rikenel)	Very much pleased with the attention given to my problem, [the podiatrist] is fantastic. Sadly I am in a great deal of pain and this problem still hasn't been resolved. I know this is not down to the quality of care and medical attention I have received, but frustrating nonetheless. I am so pleased at how quickly I have been able to be seen when needed and the advice given. Reception staff could do with being a bit more friendly, feel a bit intimidated approaching the desk.
Lydney	I was very impressed with the thorough assessment I received at Lydney Health Centre recently, and pleased to receive some exercises I could do at home. The two people I saw were very knowledgeable about what they were doing.
Lydney	The appointments are very good for being on time. Excellent treatment, all the staff are most pleasant and very thorough and helpful. It is a lovely clinic to attend.
Moreton-in-Marsh	My podiatrist is fantastic - caring, helpful, considerate. Without her support, I would not be able to walk.
Moreton-in-Marsh	[The podiatrist] always has a pleasant and kindly approach with excellent results.
Moreton-in-Marsh	Podiatrist very thorough and kind.
Moreton-in-Marsh	As this was a first appointment I was given plenty of information which was useful, and a referral to physiotherapy for my knees. I was somewhat disappointed that treatment did not commence at this point but apparently I did not have appropriate shoes with me.
Moreton-in-Marsh	Everything was very thorough and satisfactorily explained.
Newent	Circulation tests on feet better than at my diabetic check-up, helpful advice on footcare given.
Stroud	A good service if you can get it.
Tetbury	I have found Podiatry Services to be very good.
Tewkesbury	Excellent treatment throughout - very caring and considerate.
Tewkesbury	It surpassed my expectations: friendly, professional, reassuring, informative - I was very impressed.
Tewkesbury	Appointments are personal not clinical. [The podiatrist] always remembers about previous appointments and always knows the answers.
Tewkesbury	I was very pleased with my appointments with the podiatrist. She understood very quickly what my problem was - and we set about solving it. I had several appointments - and in the end, she created custom-made insoles for my shoes which I wear all the time. Thanks to her, my feet are steadily improving all the time.
Tewkesbury	The podiatrist was thorough and helpful - giving good advice and information.
Tewkesbury	Good PR.
Winchcombe	Excellent treatment and staff very pleasant.
Winchcombe	Friendly, concern and sensitive approach, combined with positive and effective treatment.

Winchcombe	Advice, attention and remedial action by [the podiatrist]. Most satisfactory.
Winchcombe	Helpful podiatrist - indicated which shoes would be best to wear and to come back when toe support had worn down.
Winchcombe	I was impressed with the whole process.
Winchcombe	As a regular over the last 3/4 months, the appointments were excellent.
Wotton-under-Edge	Sympathetic, understanding staff who managed to trim the nail rather than do the full nail removal which we expected.

3a. Were you fully satisfied with the process of obtaining a follow-up podiatry appointment (if applicable)?

3b. Please tell us what you were not satisfied with and what you would like improved, or highlight any aspects you thought were particularly good.

The most common themes of the negative comments were:

- Too long a wait for next appointment (6)
- Would prefer to make follow-up appointment whilst at podiatrist* (4)

*However several others commented positively on how they had been able to make such an appointment.

i) The booking process

Would prefer to make follow-up appointment whilst at podiatrist	
Gloucester (Rikenel)	It would be very helpful if appointments were made at the end of each visit rather than having to wait a couple of weeks and then ring for a further appointment. This only happens if you have a specific problem which needs treatment earlier than your normal 8 week cycle.
Gloucester (Rikenel)	The next appointment arranged as it used to be while at the clinic, this was most useful.
Tewkesbury	Have to send request to Cheltenham for them to make local appointment which can take months. Should be able to make follow up appointment whilst at appointment.
Cheltenham (St Paul's)	If you are allowed to make your follow up appointment while with the podiatrist, it is simple, easy etc. If you have to telephone for appointment, it is difficult and time consuming. Fortunately, at the moment, I have appointment every 5 weeks, so can make next appointment when with podiatrist.
Advance booking (two opposing views)	
Winchcombe	Would be better to advance book the next 6 month check up on surgery records/computer, rather than leaving it to the individual to remember to phone for an appointment. Mine would be Feb/March 2015. 2014 calendar ends 31/12/14 - therein lies the problem.
Cheltenham (St Paul's)	Only able to make appointments one month ahead good idea, gives everyone a fighting chance and less likely to invoke cancellation or missed appointments.
Unable to get a follow up appointment	
Stroud	I have found it impossible to get another appointment - I live in a care home. I am unclear as to how to get an appointment - after my last one it seemed it was up to me but I can't get one. I don't know if I am still eligible. I am now reliant on paying for private chiropody - I don't know if I should be having the

	NHS service checking my feet.
Other problems with obtaining a follow up appointment	
Gloucester (GRH)	It was left to me to arrange a follow-up appointment at Rikenel. Part of my treatment plan is to have cortisone injections into a toe joint but nothing has been arranged for this.
Tetbury	I had to chase a follow up appointment but feel this was the appointment system rather than the Podiatry department.
Moreton-in-Marsh	I was given a telephone number to call but 2 calls on successive days were only answered with a recorded message. On November 3 I received a call from Admin and was informed that the next appointment would not be until an as yet unspecified date in December. The long delay does not help the discomfort which I am experiencing.
Gloucester (GRH)	I did not want another appointment. I was told at time I could just ask if I needed more inner soles, but when I went to ask, I was told I had to go through the procedure again and make appointment, which did not seem right, when I just needed more of the same. So I have been back, but I need more.
Winchcombe	The new system is a retrograde step, inserting yet another office layer in the process.

Was able to book follow-up appointment whilst at the podiatrist	
Gloucester (GRH)	Was able to book at the appointment - very efficient.
Gloucester (GRH)	Was arranged before I left and I was given a choice of days and times, so I was able to suit what was best for me.
Gloucester (GRH)	The appointment was arranged by the podiatrist.
Gloucester (Rikenel)	Had the follow up appointment made there and then. Unfortunately have a month's wait which is frustrating as really need the situation sorted but understand service is busy.
Stroud	Appointment was made there and then for a reasonable time delay - so that I could test 'insoles'.
Tewkesbury	Appointment was made at the existing appointment.
Tewkesbury	I was particularly pleased to be able to self-refer originally. This appointment was a follow up arranged at my last appointment, which was good being able to get it sorted at that time.

No problems with contacting clinic for follow-up appointment	
Cheltenham (St Paul's)	I ring about 6 weeks following appointment to book the next one for 6 weeks on. It seems to work very well.
Moreton-in-Marsh	No problems - I phone the podiatry clerk, who then posts a convenient appointment.
Winchcombe	Given phone number to ring and invited to call for further help and treatment if needed. Could not have been better done.
Lydney	I can contact the service if needed during the following 12 months if necessary.

Other/unspecified positive comments about the booking process	
Wotton-	Follow up appointments were made at a clinic close to home to save my

under-Edge	disabled son having to travel further than necessary.
Moreton-in-Marsh	Treated with courtesy when arranging an appointment.
Cheltenham (St Paul's)	Booking appointments - good.
Gloucester (GRH)	Getting the appointment for your next visit after treatment is very good.
Tewkesbury	No problems whatsoever with follow-up appointments.
Moreton-in-Marsh	Everything is good with this service.
Tewkesbury	Nice and tidy.
Winchcombe	I was impressed with the whole process

ii) Timing of appointments

Too long a wait	
Cirencester	Too long between appointments.
Gloucester (Rikenel)	Had the follow up appointment made there and then. Unfortunately have a month's wait which is frustrating as really need the situation sorted but understand service is busy.
Stroud	Mistakes do happen and we expect that. My mother rang to be seen in May. Seen in clinic in September. Now minor surgery in December. This does seem a long wait.
Tewkesbury	Have to send request to Cheltenham for them to make local appointment which can take months. Should be able to make follow up appointment whilst at appointment.
Moreton-in-Marsh	I was given a telephone number to call but 2 calls on successive days were only answered with a recorded message. On November 3 I received a call from Admin and was informed that the next appointment would not be until an as yet unspecified date in December. The long delay does not help the discomfort which I am experiencing.
Cirencester	Am still waiting for an appointment to collect orthotics.

iii) Miscellaneous comments about obtaining a follow-up appointment

Miscellaneous	
Lydney	I have not received a follow up appointment, as I am having insoles made, so they won't be ready for a while.
Cirencester	I was given an appointment within two weeks of the request by my GP for my initial podiatry appointment. The follow up appointment was provided soon after my orthotics had arrived ready for fitting.
Winchcombe	As I do not need an appointment for 6 months, I have not yet booked a follow up appointment. I do not expect to have any problems when I do make one.
Gloucester (Rikenel)	Going to Glos Royal for advice on shoes.

4a. Were you fully satisfied with the information you obtained or were given about NHS Podiatry Services?

4b. Please tell us what you were not satisfied with and what you would like improved, or highlight any aspects you thought were particularly good.

N.B. The three comments from the 'Information/clarity' box in Q1b and two relevant comments from Q5 have also been added to this section (the latter have been asterixed).

The most common themes were:

- Lack of awareness of podiatry services (4)
- Lack of clarity as to who does what (4)

Lack of awareness of podiatry services

Cheltenham (St Paul's)	Booking was easy and straightforward, but I wouldn't even have known about the service if I hadn't been told about it by someone who works in it.
Gloucester (GRH)	Prior to my appointment I had never heard of Podiatry Services. The issue of an explanatory leaflet would be good. Fortunately for me, the young lady I saw explained things very clearly without the usual medical jargon which few people can understand.
Gloucester (GRH)	Was not told anything about the services as I was referred to Gloucester Royal by my doctor having had a burst blister on the bottom of my foot.
*Tewkesbury	I have been impressed with the help and advice available from the NHS Podiatry Services and the convenience of being able to see someone in Tewkesbury. The only thing is that I didn't realise there were these services available until told about it by a friend. I wonder what other services are available. My GP didn't think anything could be done for my bunions.

Accessing the service

Newent	Not clear how to access the service.
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Lack of clarity as to who does what

Stroud	A leaflet at the beginning giving the options or possibilities and who is responsible for what would be useful. For example, I have shoes from one place, insoles from another and sometimes I have had to go to orthopaedics as well.
Gloucester (Rikenel)	No one mentioned podiatry whilst I was being seen by physiotherapy. It was at a diabetes clinic at the GP that I mentioned my foot problem (nothing to do with diabetes) and the nurse referred me to podiatry. The process should be more transparent, and perhaps some clarity about what podiatry does as opposed to physiotherapy would have been useful.
Tewkesbury	Orthotics and podiatry to work more closely together. Who does what? Patients unsure who to get in touch with.
*Gloucester (Rikenel)	Clarity about role, esp. in relation to physiotherapy

Lack of information

Gloucester (Rikenel)	Wasn't really given any, until I asked
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Accuracy of information

Cirencester	Inaccurate information regarding waiting time for appointment.
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Gloucester (GRH)	Given different information, as stated in Q3b*. Put me off going back. *I did not want another appointment. I was told at time I could just ask if I needed more inner soles, but when I went to ask, I was told I had to go through the procedure again and make appointment, which did not seem right, when I just needed more of the same. So I have been back, but I need more.
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Other	
Stroud	If the appointment is at Beeches Green it would be a good idea if there was a little map of the actual site. On my first visit there for some time I had some difficulty finding it.
Cheltenham (St Paul's)	Information should have been on system before appointment, so relevant question could be asked and amended and confirmed by doctors surgery before. To be given choices of clinics, lack of information?
Stroud	I have had big toe joints 'fused' - not sure that there is really anything they can do - but no explanation about future options. Last time I went I was told that could only get one pair of insoles every two years!
Stroud	No follow-up, no-one ever checked whether I was satisfied - no quality assurance procedure therefore. How do they know how badly they are doing?

Positive comments about information	
Wotton-under-Edge	Good information leaflet on care following surgery
Winchcombe	All my questions were answered and additional information was proffered.
Stroud	Info was alright, it was the treatment that wasn't!
Gloucester (Rikenel)	Always fully informed, and staff able to answer questions. Such a shame I wasn't referred sooner and could have sorted problem much earlier, rather than having a miserable Christmas last year unable to walk or drive and looking at a similar situation this year.
Tetbury	Everything was clearly explained to me.
Tewkesbury	Telephone conversations and correspondence very satisfactory.
Gloucester (GRH)	Pretty comprehensive.
Tewkesbury	All round, very good.
Winchcombe	First class.
Stroud	Advice was first class.
Moreton-in-Marsh	Fully satisfied with all the help and support I receive.
Winchcombe	Very straightforward process.

5. Are there any other improvements you would like to see to NHS Podiatry Services or anything else you would like to tell us about your experience (good or bad) e.g. using orthotics or private chiropody services.

The most common topics are shown in the bulleted list below. Comments made by respondents in previous sections relating to these topics have also been included for completeness. Some respondents made comments on these issues in more than one section but each respondent is only counted once.

- Orthotics (10)
- Insoles (10)
- Private services (8)*
- Toe nail cutting (6)*
- Frequency of appointments (5)
- Changing appointments (4)
- Lack of awareness of podiatry services (4)
- Lack of clarity as to who does what (4)
- Would have liked to have been referred sooner (4)
- Diabetics (3)
- Seeing the same podiatrist (2)

*4 of the respondents whose comments appear in these sections specifically mentioned eligibility for NHS podiatry services. These four comments have been duplicated beneath the 'toe nail cutting' section in a separate section headed 'Eligibility'.

N.B. One respondent requested a home visiting service; this respondent is the manager of a care home.

Note: The respondent numbers shown in the headers of each table below are displayed in the format 'x + y = z' where x = the number of respondents who made comments on this topic in response to Q5 and y = the number of respondents who made comments on this topic in earlier sections. However each respondent is only counted once, so if a respondent is counted in 'x' they are not also included in 'y'. The figures in the bulleted list above are the totals (z). Where comments were given by the same respondent they have been grouped together in the same cell of the table and it is stated that they were made by the same respondent.

Orthotics (7 + 3 = 10)	
Tewkesbury	Orthotics and podiatry to work more closely together. Who does what? Patients unsure who to get in touch with
Gloucester (GRH)	If the NHS is going to provide Consultant appointments using private hospitals the NHS Podiatry Services should be aware of their findings. I had to give the Podiatrist my copy of the Consultant's letter so he knew what was required. My orthotics are very roughly constructed from silicone, rather than help straighten the toes they just cause them to be splayed so I can't get my shoes on properly.
	Also from previous section by same person: The Podiatry Clinic at Gloucestershire Royal did not have a record of the consultant's findings. The Podiatrist did manufacture a rough orthotic for each foot but it had to dry before use so was not tested in my shoes, consequently, when wearing the orthotics I can't find any shoes to fit!!
Wotton-under-Edge	Orthotic boots take several weeks to be delivered. So your child starts to outgrow their boots, you have to wait for an outpatient appointment, then wait for the boots to be delivered and during this time the footwear is becoming too small, sometimes creating foot problems such as in growing toe nails.
Gloucester (GRH)	Far better than using orthotics service. Previously with orthotics the insoles and shoes required took so long to arrive that they no longer fitted my child, and then had to be re-ordered. At no point did orthotics properly measure my child's feet. Now has 'normal' properly fitted shoes with insoles that support. Far better service provision in podiatry service.
Cirencester	The long delay in obtaining orthotics suggests a shortfall in provision within the county.
	Also from previous sections by same person: ... 11-Aug-14: Email offering appointment for 14-Aug which I attended and was very pleased with podiatrist's advice and actions principally making imprints for replacement orthotics. 14-Oct-14: Still awaiting the orthotics ... Clear advice as to the nature of the clinical problem, how to manage it and suitable designs/styles of shoes to maximise comfort and mobility. Am still waiting for an appointment to collect orthotics.
Cirencester	I had surgery to my left foot several years ago prior to the corrective work performed this year. I was seeing a private podiatrist before that because of the problems I was experiencing. He had provided me with harder orthotics to try and correct the problem I had when walking. I think it is really important that patients who have had surgery to correct foot problems should automatically see the podiatrist at the hospital as a matter of routine.
	Also from previous sections by same person: I had foot surgery in March this year, which went well. However there was no follow up for podiatry services or physiotherapy. I would have liked to have been referred to see the physiotherapist and podiatrist post operatively after I was able to walk without the use of the black heel walking boot. There were no written instructions about mobilising my foot, and the Dr I saw in the orthopaedic clinic was so busy he had no time to explain anything in detail. I think that following routine foot surgery patients should be given an appointment to see a podiatrist especially as the affected foot has been changed and footwear is more difficult to find. When I saw the podiatrist he was able to provide me with comfortable orthotics which I am now using. I was

	<p>also seeing a private physiotherapist as my foot was still so swollen and becoming stiff.</p> <p>When I eventually saw [the podiatrist] he was able to order two soft orthotics which made walking much more comfortable. It's a pity that I didn't see him after the surgery as I was in some considerable discomfort for a few weeks until my GP got me referred to the podiatry service.</p> <p>I was given an appointment within two weeks of the request by my GP for my initial podiatry appointment. The follow up appointment was provided soon after my orthotics had arrived ready for fitting.</p>
Winchcombe	Orthotics may well be a good future treatment, my chiropractor suggested their use.
Orthotics - from previous sections	
Stroud	A leaflet at the beginning giving the options or possibilities and who is responsible for what would be useful. For example, I have shoes from one place, insoles from another and sometimes I have had to go to orthopaedics as well.
Gloucester (GRH)	The care and understanding given to me. [The podiatrist] is always very considerate and understanding. I had had my previous special insoles made through the orthotics department and had severe pain in my right foot. [The podiatrist] was able to tell me that the insole was the cause of the problem and arrange for a new pair of insoles.
Gloucester (GRH)	The orthotics department, they build up my shoe for me. I am really satisfied with the process of getting my shoe to them. My doctor's surgery helps.

Insoles (3 + 7 = 10)	
Winchcombe	Long wait for insoles to be made (2 months) and only one pair supplied.
Gloucester (GRH)	I can't believe that if you have a lab to do all insoles, why you have to wait 9 weeks.
	Also from previous section by same person: Having to wait nearly nine weeks to get my insoles after having cast done of my feet, and I'm sure I might still be waiting if I hadn't rung up and complained.
Cheltenham (St Paul's)	The Podiatrist produced a very good pair of inserts for the shoes I was wearing at the time, but these don't fit many of my other shoes. I would be prepared to pay a small price for similar inserts to fit other shoes I possess, but no-one mentioned whether additional pairs are available.
Insoles - from previous sections	
Stroud	A pair of insoles were cobbled together for me ad hoc but not tested on me. On attempting to use them when I got home they were highly unsatisfactory and could not be used. I saw to myself and purchased appropriate insoles.
Stroud	I have had big toe joints 'fused' - not sure that there is really anything they can do - but no explanation about future options. Last time I went I was told that could only get one pair of insoles every two years!
Dursley	The special insoles worked and cured my pain and slight limp.
Tewkesbury	I was very pleased with my appointments with the podiatrist. She understood very quickly what my problem was - and we set about solving it. I had several appointments - and in the end, she created custom-made insoles for my shoes which I wear all the time. Thanks to her, my feet are steadily improving all the time.
Gloucester	The care and understanding given to me. [The podiatrist] is always very

(GRH)	considerate and understanding. I had had my previous special insoles made through the orthotics department and had severe pain in my right foot. [The podiatrist] was able to tell me that the insole was the cause of the problem and arrange for a new pair of insoles.
Stroud	Appointment was made there and then for a reasonable time delay - so that I could test 'insoles'
Lydney	I have not received a follow up appointment, as I am having insoles made, so they won't be ready for a while.

Private services (5 + 3 = 8)	
Cheltenham (St Paul's)	I regularly use a private chiropody service, as the NHS one is only for problem feet, not for general maintenance of my feet. On this occasion I had an apt as the NHS have a machine to detect a pulse in my ankle, although I understand that my surgery's diabetic nurse now has such a machine, for my next checkup.
Gloucester (Rikenel)	I had to use a private chiropodist as I could not get an appointment because my foot was not bleeding or an open wound, But it was very painful as I had a corn, so I had to go private. On the whole very good, it just depends who you get as some are more thorough than others.
Stroud	Extreme pain and swelling due to total breakdown of 'big toe joint' - GP not interested - told nothing they could do. When I saw specialist told "shame I had not seen a specialist earlier". Not told about dangers of surgery. Only available on NHS in Tewkesbury - went private as I had insurance. Not happy with outcome - but been told that this situation is like being between a rock and hard place.
Tewkesbury	I use a private chiropodist because: I can get an appointment easily, at fairly short notice and when I need it. It is important that I get this sort of service
Cirencester	I had surgery to my left foot several years ago prior to the corrective work performed this year. I was seeing a private podiatrist before that because of the problems I was experiencing. He had provided me with harder orthotics to try and correct the problem I had when walking. I think it is really important that patients who have had surgery to correct foot problems should automatically see the podiatrist at the hospital as a matter of routine.
	Also from previous section by same person:
	I had foot surgery in March this year, which went well. However there was no follow up for podiatry services or physiotherapy. I would have liked to have been referred to see the physiotherapist and podiatrist post operatively after I was able to walk without the use of the black heel walking boot. There were no written instructions about mobilising my foot, and the Dr I saw in the orthopaedic clinic was so busy he had no time to explain anything in detail. I think that following routine foot surgery patients should be given an appointment to see a podiatrist especially as the affected foot has been changed and footwear is more difficult to find. When I saw the podiatrist he was able to provide me with comfortable orthotics which I am now using. I was also seeing a private physiotherapist as my foot was still so swollen and becoming stiff.
Private services - from previous sections	
Lydney	I made an appointment for my mother (aged 98, suffers from dementia and walks with difficulty) to see the visiting podiatrist at Lydney health centre in order to have her nails cut and hard skin trimmed etc. My late father had had this done on a regular basis. The podiatrist agreed to do them this time, but

	then apologetically told us that she would not be able to provide this service in future as it was considered a social rather than medical problem. We now pay a private chiropodist who comes to the house. I would like to know what happens to the poor souls who live alone, have no-one to look out for them and can't afford £20+ a time for private treatment.
Stroud	I have found it impossible to get another appointment - I live in a care home. I am unclear as to how to get an appointment - after my last one it seemed it was up to me but I can't get one. I don't know if I am still eligible. I am now reliant on paying for private chiropody - I don't know if I should be having the NHS service checking my feet.
Tewkesbury	I am a scheme manager for elderly independent living accommodation and I am passing on the comment of several people. Appointments are not frequent enough, the way of making appointments is long winded and frustrating. The criteria for being eligible for the service excludes a lot of people who need it and there is no home visiting service which means having to pay for private home visits, very expensive.

Toe nail cutting (2 + 4 = 6)	
Cheltenham (St Paul's)	I find the time between appointments is rather long, as my nails are very long by the time I have the appointment. I cannot do them myself. But anything is better than nothing.
Cirencester	I am very grateful to have Podiatry Services as I find it difficult to bend down to deal with my nails. I appreciate the appointments are mostly on time. As I have been having the service for some while, I felt the previous questions were irrelevant. Thank you.
Toe nail cutting - from previous sections	
Winchcombe	It would be ideal to have a regular appointment to have toe nails cut, as it is getting harder as I get older.
Moreton-in-Marsh	I've only ever had one appointment as I was told I'm not entitled to it even though I'm now 78 years old. I would appreciate the service as I have great difficulty in reaching my toes!
Lydney	I made an appointment for my mother (aged 98, suffers from dementia and walks with difficulty) to see the visiting podiatrist at Lydney health centre in order to have her nails cut and hard skin trimmed etc. My late father had had this done on a regular basis. The podiatrist agreed to do them this time, but then apologetically told us that she would not be able to provide this service in future as it was considered a social rather than medical problem. We now pay a private chiropodist who comes to the house. I would like to know what happens to the poor souls who live alone, have no-one to look out for them and can't afford £20+ a time for private treatment.
Lydney	Good, caring staff. 78 year old pensioner. Chronic back and neck pain. Industrial injury (20% life). Can't bend to cut nails, but also takes warfarin for atrial fibrillation. Very pleased with your 'overworked', caring staff.

N.B. Four of the comments in the above two topics (private services and toe nail cutting) specifically mention eligibility for NHS podiatry services. These four comments have been grouped together below:

Eligibility (4)	
Moreton-in-	I've only ever had one appointment as I was told I'm not entitled to it even though

Marsh	I'm now 78 years old. I would appreciate the service as I have great difficulty in reaching my toes!
Lydney	I made an appointment for my mother (aged 98, suffers from dementia and walks with difficulty) to see the visiting podiatrist at Lydney health centre in order to have her nails cut and hard skin trimmed etc. My late father had had this done on a regular basis. The podiatrist agreed to do them this time, but then apologetically told us that she would not be able to provide this service in future as it was considered a social rather than medical problem. We now pay a private chiropodist who comes to the house. I would like to know what happens to the poor souls who live alone, have no-one to look out for them and can't afford £20+ a time for private treatment.
Stroud	I have found it impossible to get another appointment - I live in a care home. I am unclear as to how to get an appointment - after my last one it seemed it was up to me but I can't get one. I don't know if I am still eligible. I am now reliant on paying for private chiropody - I don't know if I should be having the NHS service checking my feet.
Tewkesbury	I am a scheme manager for elderly independent living accommodation and I am passing on the comment of several people. Appointments are not frequent enough, the way of making appointments is long winded and frustrating. The criteria for being eligible for the service excludes a lot of people who need it and there is no home visiting service which means having to pay for private home visits, very expensive.

Frequency of appointments (3 + 2 = 5)	
Cirencester	Maybe shorter time between appointments.
Cheltenham (St Paul's)	More frequent appointments. I find the time between appointments is rather long, as my nails are very long by the time I have the appointment. I cannot do them myself. But anything is better than nothing.
Cirencester	Need more frequent appointments. I have no one to treat me between appointments.
	Also from previous section by same person:
	Too long between appointments.
Frequency of appointments - from previous sections	
Cirencester	The service of the operative is very good but the NHS does not give me enough appointments i.e. periods in-between each.
Tewkesbury	I am a scheme manager for elderly independent living accommodation and I am passing on the comments of several people. Appointments are not frequent enough, the way of making appointments is long winded and frustrating. The criteria for being eligible for the service excludes a lot of people who need it and there is no home visiting service which means having to pay for private home visits, very expensive.

Changing appointments (2 + 2 = 4)	
Tewkesbury	Improve appointment changing.
Gloucester (GRH)	Better and faster communication with those needing help and better explanation when changing appointments.
Changing appointments - from previous sections	
Cirencester	I would love to be able to book by computer/internet. It is expensive to buy

	stamps for both you and I, and internet gives you the opportunity to make an appointment that suits you and you don't have to ring up and change.
Gloucester (GRH)	It took nearly 2 months to get the appointment only to be changed at the last moment from Rikenel medical centre to Gloucester Royal Hospital.

Lack of awareness of podiatry services (1 + 3 = 4)

Tewkesbury	I have been impressed with the help and advice available from the NHS Podiatry Services and the convenience of being able to see someone in Tewkesbury. The only thing is that I didn't realise there were these services available until told about it by a friend. I wonder what other services are available. My GP didn't think anything could be done for my bunions.
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Lack of awareness - from previous sections

Cheltenham (St Paul's)	Booking was easy and straightforward, but I wouldn't even have known about the service if I hadn't been told about it by someone who works in it.
Gloucester (GRH)	Prior to my appointment I had never heard of Podiatry Services. The issue of an explanatory leaflet would be good. Fortunately for me, the young lady I saw explained things very clearly without the usual medical jargon which few people can understand.
Gloucester (GRH)	Was not told anything about the services as I was referred to Gloucester Royal by my doctor having had a burst blister on the bottom of my foot.

Lack of clarity as to who does what (2 + 2 = 4)

Gloucester (Rikenel)	Clarity about role, esp. in relation to physiotherapy
Tewkesbury	Orthotics and podiatry to work more closely together. Who does what? Patients unsure who to get in touch with

Lack of clarity - from previous sections

Stroud	A leaflet at the beginning giving the options or possibilities and who is responsible for what would be useful. For example, I have shoes from one place, insoles from another and sometimes I have had to go to orthopaedics as well.
Gloucester (Rikenel)	No one mentioned podiatry whilst I was being seen by physiotherapy. It was at a diabetes clinic at the GP that I mentioned my foot problem (nothing to do with diabetes) and the nurse referred me to podiatry. The process should be more transparent, and perhaps some clarity about what podiatry does as opposed to physiotherapy would have been useful.

Would have liked to have been referred sooner (2 + 2 = 4)

Cirencester	I had surgery to my left foot several years ago prior to the corrective work performed this year. I was seeing a private podiatrist before that because of the problems I was experiencing. He had provided me with harder orthotics to try and correct the problem I had when walking. I think it is really important that patients who have had surgery to correct foot problems should automatically see the podiatrist at the hospital as a matter of routine.
	Also from previous sections by same person:
	I had foot surgery in March this year, which went well. However there was no follow up for podiatry services or physiotherapy. I would have liked to have been referred to see the physiotherapist and podiatrist post operatively after I was able to walk without the use of the black heel walking boot. There were no written

	<p>instructions about mobilising my foot, and the Dr I saw in the orthopaedic clinic was so busy he had no time to explain anything in detail. I think that following routine foot surgery patients should be given an appointment to see a podiatrist especially as the affected foot has been changed and footwear is more difficult to find. When I saw the podiatrist he was able to provide me with comfortable orthotics which I am now using. I was also seeing a private physiotherapist as my foot was still so swollen and becoming stiff.</p> <p>When I eventually saw [the podiatrist] he was able to order two soft orthotics which made walking much more comfortable. It's a pity that I didn't see him after the surgery as I was in some considerable discomfort for a few weeks until my GP got me referred to the podiatry service.</p> <p>I was given an appointment within two weeks of the request by my GP for my initial podiatry appointment. The follow up appointment was provided soon after my orthotics had arrived ready for fitting.</p>
Stroud	<p>Extreme pain and swelling due to total breakdown of 'big toe joint' - GP not interested - told nothing they could do. When I saw specialist told "shame I had not seen a specialist earlier". Not told about dangers of surgery. Only available on NHS in Tewkesbury - went private as I had insurance. Not happy with outcome - but been told that this situation is like being between a rock and hard place.</p>
Would have liked to have been referred sooner - from previous sections	
Gloucester (Rikenel)	<p>No one mentioned podiatry whilst I was being seen by physiotherapy. It was at a diabetes clinic at the GP that I mentioned my foot problem (nothing to do with diabetes) and the nurse referred me to podiatry. The process should be more transparent, and perhaps some clarity about what podiatry does as opposed to physiotherapy would have been useful.</p>
Gloucester (Rikenel)	<p>I have been using the service for over a year now due to an ongoing issue with my toenail. The podiatry department have been amazing, I am just appalled at how long it took for doctors to take me seriously and refer me to the service. I was continually plied with antibiotics which clearly weren't working. Ringing up to get an appointment is tricky, passed through a string of phone numbers so quite a lot of hassle. Appointments made by email or in person at the Rikenel were much more successful.</p> <p>Always fully informed, and staff able to answer questions. Such a shame I wasn't referred sooner and could have sorted problem much earlier, rather than having a miserable Christmas last year unable to walk or drive and looking at a similar situation this year.</p>
Diabetics (1 + 2 = 3)	
Stroud	<p>Should be looking for an integrated diabetic service perhaps for a consortium of practices.</p>
Diabetics - from previous sections	
Newent	<p>Circulation tests on feet better than at my diabetic check-up, helpful advice on footcare given.</p>
Gloucester (Rikenel)	<p>No one mentioned podiatry whilst I was being seen by physiotherapy. It was at a diabetes clinic at the GP that I mentioned my foot problem (nothing to do with diabetes) and the nurse referred me to podiatry. The process should be more transparent, and perhaps some clarity about what podiatry does as opposed to physiotherapy would have been useful.</p>

Seeing the same podiatrist (2)	
Gloucester (Rikenel)	It has very much improved now that I receive treatment from the same Podiatrist. At one time I never knew who I was going to see. I think it is essential that patients see the same Podiatrist wherever possible.
Cheltenham (St Paul's)	I am seen every 5 weeks, so often have to see different podiatrists. Very occasionally, say one a year, a thorough job is not done, but usually, very good treatment.

Home visits (1)	
Tewkesbury	A home visiting service needs to be provided.
	Also from previous section by same person:
	I am a scheme manager for elderly independent living accommodation and I am passing on the comments of several people. Appointments are not frequent enough, the way of making appointments is long winded and frustrating. The criteria for being eligible for the service excludes a lot of people who need it and there is no home visiting service which means having to pay for private home visits, very expensive.

Miscellaneous negative comments	
Dursley	I do vaguely recall waiting 40 minutes at Vale Hospital Outpatients (having checked in) and then often waiting and being told the Podiatrist was not there.
Cheltenham (St Paul's)	We did not realise there were so many clinics in Cheltenham Saturday morning opening. Sharing of lunchtime reception being manned at all times. Closure at lunchtimes is antiquated as is Saturday morning opening. [n.b. this is the same respondent who commented on Saturday morning opening in Q1b.]
Gloucester (Rikenel)	Wish I had been offered a post-operative slipper sooner as this helped my recovery from first operation. Very pleased with staff and service in general, especially the fact that I remain on their books for 18 months after referral to ensure follow up care is provided without having to go through the rigmarole of a doctor's referral which took so long in the first place.
Lydney	I would like treatment on my toe. I am getting pains every day.
Winchcombe	Quite often I need to keep my feet covered whilst in the shower. The products available from the market to do that are pathetically inadequate.
Winchcombe	When an inpatient, why can't a podiatrist deal with dressing three year old wound, as dressings are removed by consultants and not assessed (appraised?) for up to 3 hours. On most occasions the wound regresses.
Miscellaneous positive comments	
Moreton-in-Marsh	No - I had a problem and my consultation has helped enormously in overcoming it.
Moreton-in-Marsh	Great service. Extremely helpful and informative throughout process.
Moreton-in-Marsh	Helpful advice from Podiatry Footwear Technician at St Paul's Medical Centre - properly fitting shoes.
Tetbury	No, it was a good experience
Tetbury	I would like to say how well I was treated at Tetbury Hospital during my recent Podiatric operation, the treatment and care were excellent, I can't fault the nurses and consultants in any way.
Tewkesbury	Cannot praise NHS Podiatry Services enough. I can honestly say that in my experiences with the NHS, they were absolutely the most caring and

	considerate team I have ever dealt with. They were so caring and considerate at all times - each and every one of the team I came into contact with, but at the same time very professional.
Winchcombe	Current service (and results) are excellent.
Winchcombe	I would like to thank [the podiatrist] and all at the clinic. When I had my toe nail removed, they have been marvellous. Nothing is too much for them all. Thank you.
Other (GP surgery)	Very good. I am called in on a regular basis.

Appendix 6: RFI 4 regarding appointment booking process, December 2014

There are different processes for making new and follow-up appointments. For new patients a completed referral form is required and is forwarded to either the Podiatry Department at Gloucestershire Royal Hospital or the Podiatry Department at St Paul's Medical Centre, Cheltenham. Upon receipt of a completed referral form the details are clinically triaged for urgency and eligibility. Referral forms that are incomplete or request basic foot-care are returned to the referrer with a covering letter providing an explanation for its return/rejection. If the referral form is accepted the patient is allocated to a specialty caseload and details are placed on the SystmOne waiting list. Patients are booked from the waiting list by admin/booking staff into the appropriate specialty clinic and site nearest the patient's home (unless an alternative is specified). The next nearest clinic site is offered if the wait is considered too long at the chosen clinic. Dependent on the waiting time the appointment is normally sent via letter together with information about the appointment e.g. what to expect, what to wear, what to bring etc. If the appointment is at short notice (<48 hours) the patient will be telephoned.

To make follow-up appointments there are a number of different methods that are primarily based on an individual patient's medical and/or podiatry needs. Instructions about booking a follow-up appointment are normally provided by the podiatrist at the end of the initial podiatry appointment. Those patients who have had surgery or may be require on-going treatment for an infection or ulceration and need to be seen within two weeks will be given a follow-up appointment before they leave the clinic. Other patients are asked to make their own appointments when they feel they require them. Some guidance in terms of the length of time before contacting the service again may be given by the clinician but this is usually as a guide and not a specified waiting time. The reason for this is that as part of the agreed treatment plan the patient may have been asked to try self-care, change their footwear or follow other guidance specific to their condition e.g. undertake exercises. It is important to note that not all of the patients in this category will require a follow-up appointment because their condition will get better if they follow the advice provided.

For those patients who wish to make a follow-up appointment they have a number of methods to do this i.e. telephone, email (Podiatry.Appointments@glos-care.nhs.uk), letter or note dropped into local clinic. The majority of patients choose the telephone because of the convenience of being able to say when they can and cannot attend thereby saving on wasted appointments. There are a number of different telephone numbers to contact because, as previously stated, there are historic reasons behind the appointment re-booking process. The relevant number will have been given to the patient with their initial appointment details.

For the following sites, patients are requested to telephone the Podiatry Department at Gloucestershire Royal Hospital for appointments: Rikenel Health Centre, Churchdown, Gloucestershire Royal Hospital, Newent Health Centre, Coleford Health Clinic, Cinderford Health Clinic, Lydney Health Centre, Beeches Green Health Centre (Stroud), Stonehouse Health Clinic,

The Vale Hospital (Dursley), Sym Lane Clinic (Wotton-under-Edge), Tetbury Clinic (GP Surgery), Matson Lane Clinic (GP Surgery) and domiciliary visits in the Gloucester and Forest of Dean localities. The telephone number to call has been provided in the information previously sent to the patient for their first appointment. Calls are answered by admin/booking staff.

Patients telephone the Podiatry Department at St Paul's Medical Centre, Cheltenham for the following sites: Independent Living Centre (Village Road, Cheltenham), Hesters Way Healthy Living Centre, St Paul's Medical Centre, Winchcombe Medical Centre, Tewkesbury Hospital and domiciliary visits for Cheltenham and Tewkesbury localities. Calls are answered by admin/reception staff.

For all other sites: Cheltenham General Hospital, patient's telephone the hospital, North Cotswold Hospital (Moreton in Marsh) books appointments for this site and George Moore Clinic (Bourton on the Water). Fairford Outpatients clinic books its own appointments as does Cirencester Hospital. Domiciliary visits for Stroud and Berkeley Vale and Cotswolds are booked via Cirencester Hospital. Calls are answered by a mixture of clinical and admin/reception staff.

It is important to note that the majority of administrative staff receiving the calls are part-time (6.5 whole time equivalent staff) and across the county there are in the region of 75,000 calls for appointments received by the service in a year. When calls are received the 'booker' will request personal details to check they are up-to-date, the 'booker' will request the reason for a follow-up in order to ascertain urgency, they will also check the name of the treating clinician, what caseload they are attached to so as to book into correct specialist clinic, they will check other information such choice of day, morning or afternoon, requirements for transport, and also any recommended waiting times in case the patient needed to be seen urgently or had phoned too soon. An appointment is given over the telephone and followed up with a confirmatory letter if required/requested.

In terms of what steps/issues there are for staff, that the caller may not be aware of to then book the appointment, is difficult to be specific about as every telephone call is individual. There are some general issues that we know have caused problems for patients and these are: after a period of 12 months with no contact patients are discharged from the podiatry service. If they telephone for an appointment after this period it is necessary to re-register them. Dependent on the site, registration details may be able to be taken over the telephone, on other occasions the patient will be asked to complete a referral form and send it back to the department. There are a number of reasons for this e.g. patient may have a different problem to previous one (thereby requiring a new clinical triage), we have a duty to keep all patient records up to date and personal details may have changed, we also have a duty to keep the patients GP informed of specific procedures or conditions we may be treating.

Another issue is the Podiatry Service has a rolling programme of 'opening' clinic appointments. This rolling arrangement covers a period of six weeks. There are a number of reasons why we do this. The primary reason is that this allows us to increase or decrease specific specialist clinics dependent on demand for new/follow-up and urgent/routine appointments across the six localities within a reasonable timeframe in order to meet the needs of patients being referred into

the service and to achieve waiting time targets. This rolling programme also allows for clinic cancellations due to annual leave and sickness absence to be re-booked within a reasonable timeframe.

As previously mentioned we have been aware of problems with the telephones at the Gloucestershire Royal Hospital site. We have been informed by Gloucestershire Hospitals NHS Foundation Trust that they were unable to change the podiatry telephones because the building

was a PFI scheme and this came with conditions around the telephones. We were led to believe that there were a certain number of telephones into the building and that calls were routed through x2 exchanges. If all the lines were being used the next caller would only get as far as the first exchange and the caller would be left with just a ringing tone that never got answered. We have recently had our own telephone manager look into the system and he has been able to make a number of changes to the system that appears to have improved our call handling. He has introduced a 'hunt group' which means calls are passed from phone to phone until one is free, if all phones are in use the caller gets a message about being in a queue. We are now able to monitor response rates and I'm pleased to report that we now answer between 70-90% of all calls received by the department at GRH.

The introduction of SystemOne is also enabling us to look at a development programme that provides a new countywide solution to call handling and appointment booking and further improvements are being planned for the Podiatry Service through 2015/2016.

I trust this information answers your question(s) and is useful to your Organisation.

Appendix 7: GCS clinic data - number of appointments, podiatrists and patients

Podiatry Appointment Schedule - January 2015 (break down by appointment type)																		
	No. of Podiatrists	No. of appointments	New MSK	New at risk	Nail surgery	Nail surgery Assessment	Nail surgery dressing	Wound	Follow up	SOS	New footwear	Insole fitting	New Paeds	New dom/ch In	new dom ch In	Inpatient	Telephone	New RA
Rikenel	5	809	86	43	18	39	67	36	489	24			4					3
GRH	6	746	84						562		26	22	28					24
Beeches Green	4	545	82	16	8	13	26	169	192	15	13	11						
St Pauls	4	500	60	67				65	260	31	11	6						
Independant Living Centre	3	479	36	64	10	20	41	39	228	21			20					
Lydney	2	414	40	20		16	36	48	232	14	8							
Cirencester	2	291	28	24	12		16	52	125	8	16		10					
The Vale Hospital	2	272	38	20	12	4	24	71	79	7	11		6					
Churchdown	2	231	4	28					181	14			4					
Tewkesbury	1	219	4	18	3	4	3	73	79	17			18					
Hesters way	1	184	12	33				41	83	15								
North Cots Hospital	1	152	14	36			3		80	13	6							
Cinderford	1	132		12				23	89	8								
Winchoome	1	130		22				17	91									
Stonehouse	1	120	14	28					66	12								
Coleford	2	114	4	12					90	8								
Newent	1	110	4	12				28	61	5								
Dom/in-patient	1	91						7	9					9	21	43	2	
Diabetes CGH	2	88							88									
Fairford	1	72	12	12					36	12								
Wotton under Edge	1	61		16					39	6								
CGH dia pc4	1	43							43									
Bourton on the Water	1	37		10				7	14	6								
Tetbury surgery	1	21							20	1								
Dilke Hospital Paeds	1	20							14				6					
Tetubry Hospital	1	16	6						10									
Diabetes GRH	2	15							15									
Diabetes NC	1	7							7									
Matson surgery	1	4				4												
Totals		5923	528	493	63	96	216	676	3275	237	91	39	96	9	21	43	2	27

Appendix 8: Guidance for Care Homes from www.wandptraining.co.uk

33. Foot Care

Name: Anonymous Care Ltd

Service Users with problems that affect healing or circulation should have their toe nails cut only by a registered Chiropodist.

i.e. Service Users with:

- a) Diabetes Mellitus
- b) Intermittent claudication
- c) Raynauds Disease
- d) Severe circulatory failure
- e) Femoral artery occlusion
- f) Pelvic tumours
- g) Peripheral vascular disease

It is policy that all Service Users in need of foot care should first be assessed by a registered Chiropodist and a plan of care formulated by the professional and carer/nurse in attendance.

All staff should have basic training from a chiropodist before cutting nails on those service users with none of the above medical conditions.

All other foot conditions should be assessed and if required treated by a chiropodist.

This procedure will be reviewed by a registered nurse

Signed:

Date: 01/11/2011

Review Date: 31/10/2012

The NHS supports the creation of a new role in the independent sector

The need to cut waiting lists for NHS podiatry services in South Birmingham has led to the creation of the role of Nail Carer and subsequently to an accredited qualification, the Level 2 Award in Nail Cutting and Care.

The background

Driven by the need to reduce waiting times and provide a better service to those needing more complex care, South Birmingham NHS raised the threshold for access to its podiatry services, discharging more than 4,000 patients who simply required their nails cutting.

It was important to find a way to help these discharged patients get access to routine nail care, because good foot and nail health offers benefits including improved mobility and a reduced risk of falls in the elderly.

Through talking to patient groups representing older people across Birmingham, as well as GP Commissioning groups, NHS Commissioner Marion Rogerson identified the opportunity to create the role of Nail Carer, which could provide a routine, safe, affordable and accessible service to low-risk patients, but which would be based outside the NHS.



The outcomes

- through making a difficult decision to discharge low-risk patients, the NHS has helped to create a new role which is benefiting both the patients and the Nail Carers themselves.
- more than 120 people have completed the qualification so far.
- people such as nurses, beauticians, pharmacy technicians and care workers have been able to add Nail Caring as an extra qualification into their current role; and as a result have gained a transferable skill and added job satisfaction.
- independent Nail Carers have set up their own businesses and found clients. They are able to work flexibly – around childcare for example - and create their own income.
- an estimated 5,000 clients are registered with Nail Carers across Birmingham and many clients see a nail carer on average six times a year – much more often than they would have been able to access NHS podiatry services – at a time and place to suit them, and at an affordable cost.
- regular care reduces the likelihood of patients suffering pain or discomfort and may help decrease the risk of falls due to ill-fitting footwear. For some housebound individuals, it is also a welcome social occasion.

“Our patients’ welfare is of huge concern to us,” says Marion. “We want to be able to refer them to a service which, although not provided by the NHS, we can be confident is safe and effective, and less costly than a private podiatrist.”



“We couldn’t have achieved this without Skills for Health’s help in preparing the documentation, which was essential in ensuring that the Nail Carer qualification was applicable across the awarding bodies.”

Marion Rogerson

former South Birmingham CCG Commissioner – responsible for cross city development

How they did it

South Birmingham NHS’s initial aim was to set up a course for Nail Carers which would train individuals to properly assess patients, refer them to a more specialist service if necessary, and out and care for their nails. *“We wanted the course to have added value,”* says Marion, *“So people needed to be trained in providing health and safety advice too.”*

South Birmingham NHS Trust already had links with Birmingham Metropolitan College, and Marion made contact with the College’s Health and Beauty Associate Director Louise Lakin, who was keen to pursue the idea. Louise researched and planned the training modules, producing a course which met all of South Birmingham NHS’s requirements. The College was then able to award its own Certificate in Nail Care.

“We invested a lot of time, energy and resources in developing the role of Nail Carer,” says Marion. ***“We realised that it had potential to transfer across the UK, so we approached Skills for Health. We recognised their ability to make contact with awarding bodies, and to get the course on to a national agenda.”***

Skills for Health, in collaboration with stakeholders from South Birmingham PCT (now South Birmingham Central Clinical Commissioning Group), Birmingham Community Healthcare NHS Trust and Birmingham Metropolitan College, created a Transferable Role Template for the Nail Carer role, listing the National Occupational Standards, career framework level and scope of the role which define it.

Skills for Health facilitated a meeting between the Birmingham stakeholders and Awarding Organisations (AOs), supporting the AOs to develop new units and work out a structure for the new qualification. It emerged as a Level 2 Award in Nail Cutting and Care, a 12credit qualification on the QCF that became available to learners in November 2013*.

*Note: as of the date of publication, three Awarding Organisations (Agored, CIBTAC and ITEC) are offering the qualification and all enquiries relating to availability of the course should be directed to them.

Appendix 10: - Sheffield PCT Podiatry Empowerment Project

Case example: Empowerment

The Sheffield Podiatry Empowerment Project was introduced by Sheffield PCT to relieve pressure on the NHS podiatry service and manage a four-year waiting list of 2,500 patients.

It appeared that many people were using podiatry services when there was evidence that with the right support and understanding, self-care would be appropriate. The aim was to empower suitable low-risk, low-needs patients to self-care without instruments instead of automatically providing care through the podiatry service.

As a result of this approach:

- the waiting list was eliminated in four months
- access to the podiatry service has improved
- the NHS podiatry service is based on clinical justification of need
- there is improved satisfaction with the service among patients, carers and GPs
- the empowerment process is better understood, which has widened the assessment model to consider social circumstances and mental health issues as opposed to simply being focused on the medical status of the individual.

For details contact Jeremy Walker, Jeremy.Walker@sheffieldpct.nhs.uk

9 Glossary

Listing of abbreviations and acronyms:

AQP	Any Qualified Provider
CGH	Cheltenham General Hospital
CQC	Care Quality Commission
DoH	Department of Health
FPT	Foot Protections Team
GCC	Gloucestershire County Council
GCCG	Gloucestershire Clinical Commissioning Group
GCS	Gloucestershire Care Services NHS Trust
GHNHSFT	Gloucestershire Hospitals NHS Foundation Trust
GPS	Gloucestershire Podiatry Service
GRCC	Gloucestershire Rural Community Council
GRH	Gloucestershire Royal Hospital
HCOSC	Health & Care Overview and Scrutiny Committee
HWB	Health and Wellbeing Board
HWE	Healthwatch England
HWG	Healthwatch Gloucestershire
ICT	Information and Communications Technology
ILC	Independent Living Centre
LINK	Local Involvement Network
MDFT	Multi-disciplinary Foot care Team
MSK	Musculoskeletal
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
PALS	Patient Advice & Liaison Services
PCT	Primary Care Trust
RFI	Request for Information
SEAP	Support, Empower, Advocate, Promote
VCS	Voluntary & Community Sector