

Somerset County Council

Scrutiny for Policies, Adults and Health Committee

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Somerset Partnership NHS Foundation Trust – Reset of Podiatry Services

Lead Officer:

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Cabinet Member: N/A

Division and Local Member: N/A

1. Summary

1.1. In response to national workforce challenges and rising acuity, Somerset Partnership Podiatry service has had to review the current service provision and proposes a new service model which will provide a longer term sustainable model of delivery. The Podiatry reset paper outlines the areas of challenge and proposes a new skill mix which will be delivered within hubs of excellence, located at sites defined by disease prevalence data and to meet patient need. The proposed structure aligns with the CCG and alliance plans to move towards neighbourhood locality working

1.2 Since 2014, the Somerset Foot Integrated Pathway (see 6.1) and adherence to the 24 hour pathway has resulted in a marked reduction in amputation rates across the county. Our priority is to ensure the pathway continues to be delivered in a safe, responsive, equitable and sustainable manner, focussing on key areas of delivery: education, clinic sites, domiciliary care and Saturday working. In addition, we propose to enhance areas of working where the service could respond to the additional requirement of delivering swabbing and prescribing in line with national guidance and local CQUIN targets, which are not currently within the service specification and will be subject to agreement with the commissioners.

1.3 It is anticipated the introduction of a hub and spoke model based around centres of excellence will enable the service to meet these agendas by supporting a skill mix review which is sustainable and which will continue to deliver safe, high quality care to this patient group. In addition, we are conscious of the importance of considering staff wellbeing, retention and governance in maintaining high quality service delivery. We have therefore involved podiatrists within discussions to support co-production of this model and inform the content of this paper. The proposed clinic locations have been shared with existing patients and carers who have been offered the opportunity to comment through a patient engagement process

2. Issues for consideration / Recommendations

2.1. The Podiatry reset paper outlines a service model to support a sustainable future for the provision of podiatry in Somerset and maintain improved amputation rates since the introduction of the Somerset Foot Integrated Pathway in 2014. It is recognised that staying the same is not an option, as staffing shortages have recently led to the service placing all routine and Bio referrals on a waiting list in

order to ensure the high risk and ulcerated patients receive care in a timely manner. While the service strives to see routine patients within target timescales, it is recognised that the rise in acuity and staffing challenges have made this very challenging. Furthermore, the reduction in podiatrists being trained nationally will result in a smaller pool of trained staff, thereby necessitating a move towards a new skill mix

- 2.2. The model of care being developed by both the CCG and the alliance is aligned to a clear principle of looking at providing care closer to or in patients' homes which the new proposed service for podiatry is based on. In addition, maintaining a good and well qualified resource base is vital and at present, with national shortages, it is critical we consider how we look to improve working environments for staff and introduce a sustainable, diverse mix which provides equitable high quality care for all patients and which will reduce sickness, staff turnover and increase wellbeing and resilience.
- 2.3. The Committee is asked to endorse the proposals set out in the podiatry reset paper.

3. Background

- 3.1. There is a recognised national AHP recruitment shortage, which has resulted in the inability to fill posts in a timely and appropriate manner within Somerset. The service has reviewed its turnover and is satisfied that there are no inherent reasons other than staff seeking relocation due to personal reasons which has been compounded by maternity leave and staff sickness.
- 3.2. As with other services, the Somerset Foot Integrated Pathway has seen a move of acuity from acute providers into the community, encouraging care closer to home, and has seen podiatrists working within extended roles. This has resulted in a marked reduction in major amputations in Somerset. In addition, the service is required to be responsive to NICE guidance and NHS England peer review where establishing a system whereby community podiatrists can take swabs under protocol is anticipated.
- 3.3. In recognition of staffing shortfalls and increasing acuity, the Podiatry service has undergone a remapping exercise using activity data and linking with staff to understand the challenges, from which the service reset is proposed. It is anticipated the new models of working outlined within the Podiatry reset paper will ensure the service is sustainable and able to provide forward thinking, effective and high quality care to our service users in line with our pathways of care.
- 3.4. Our review of the service has included considering how education and foot prevention advice could be delivered more effectively across the county by joining collaboratively with primary and community care teams, ensuring equity for domiciliary care in line with outpatient criteria and how we could consider the introduction of swabbing and non-medical prescribing within packages of care. We have also considered the alternatives to Saturday working which significantly impacts the availability of the limited resource which is available. In recognition of this and in order to promote the ongoing delivery of the 24 hour referrals in line

with the Somerset Foot Integrated Pathway the CCG agreed a trial of a late Friday working model which commenced in January 2019 and has proved to be a successful and sustainable model of working.

- 3.5. The development of a sustainable workforce strategy is a key part of our proposal where we will look to use non-qualified staff to assist and work within the hub and spoke model. This will provide the opportunity for hubs of excellence to be developed. These will support staffing in terms of peer review, clinical support, supervision and governance. In turn this will lead to improved team morale, staff wellbeing and retention as well as aligning to the joint future vision of neighbourhood care teams across Somerset. Since the conception of this paper we have engaged in the development and procurement of an Assistant Practitioner apprenticeship model with an anticipated roll out in September 2019.

4. Consultations undertaken

- 4.1. A survey has been distributed to all existing podiatry patients and carers outlining the proposals and asking for views. A total of 152 completed surveys were received over a five week period.
- 4.2. The majority of patients and carers (81%) considered that they would be able to attend the clinics under the new proposals.
- 4.3. Free parking was considered the most important factor to patients and carers accessing the service, a private consultation room, a 'local' service and good transport links were also considered important to patients and carers.
- 4.4. Consideration will need to be given to patients who feel they would not be able to attend their appointments under the new proposals.
- 4.5. Accessibility of the venues has been considered, including availability of disabled parking spaces.
- 4.6. Clear information will be provided to patients and carers prior to appointment about location of the venues, parking and access using the public transport.

5. Implications

5.1. Impact of proposed locations:

Routine, non-urgent podiatry would not be offered in GP surgeries and all community hospitals. This only affects routine patients who attend three monthly.

In order to provide Podiatry hubs of excellence, MSk Physiotherapy would relocate from Crewkerne and Bartec. All patients will be offered alternative locations within 10 mile radius (Appendix E). Discussions with Yeovil District Hospital are underway in recognition that this may result in an increase in MSk Physiotherapy activity.

Podiatry and MSk Physiotherapy staff may need to undergo consultation re change of base.[Click **here** and insert relevant implications paragraphs]

5.2. Pros:

- Increased number of priority clinics.
- Improved working practices for staff resulting in improved team morale, wellbeing, improved retention and less sickness absence.
- Less clinic cancellations as more staff to cover fewer bases.
- Improved access to clinical specialists.
- Closer links to MDT within Acute Trusts.
- Facilitates introduction of new skill mix using band 3s and healthcare assistants (HCAs); thereby releasing qualified staff to undertake equitable domiciliary provision.
- Will permit scoping of swabbing and non-medical prescribing and improve access to antibiotic pathway thereby supporting primary care and meeting NICE guidance and NHS England peer reviews, if commissioned.
- No reduction in provision of nail surgery or biomechanical assessment sites.
- Improved booking and management of 24 hour patients within hubs of excellence.

5.3. Cons:

GP and routine patients' expectations of care closer to home may not be met. Some patients will require transport.

6. Background papers

6.1. Appendix A Somerset Integrated Foot Pathway

Appendix B Podiatry Service redesign Briefing paper

Appendix C Impact Assessment

Appendix D Podiatry Survey

Appendix E Proposed Locations

Appendix F Survey Report

Note For sight of individual background papers please contact the report author