Somerset Partnership NHS
NHS Foundation Trust

PODIATRY SERVICE

SERVICE REDESIGN BRIEFING PAPER

August 2018

Version 5.0 Revised following CQRM 12/9/18

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1. EXECUTIVE SUMMARY

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

Since 2014, the Somerset Foot Integrated Pathway (Appendix 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 obviously be subject to agreement with the commissioners.

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 and have therefore involved podiatrists within discussions to support co-production of this model and inform the content of this paper.

We have included an implementation trajectory with our proposed recommendations to enable the new service delivery model to be adopted.

2. BACKGROUND

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.

As with other services, the Somerset Foot Integrated Pathway (Appendix 1) 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.

In recognition of staffing shortfalls and increasing acuity, the Podiatry service has considered a remapping exercise; linking with staff to understand the challenges and from which a service reset is proposed. It is anticipated the new models of working outlined within this 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.

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) and promote the ongoing delivery of the 24 hour referrals in line with the Somerset Foot Integrated Pathway.

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.

3. EDUCATION

3.1 Patient Education

Currently, the service receives low numbers of patient referrals for education and foot prevention advice. It is acknowledged newly diagnosed Diabetic patients are referred to the DESMOND program (Diabetes Education and Self Management for Ongoing and Newly Diagnosed) and are annually reviewed by their practice nurse. The service proposes a suite of videos and literature is available on the Somerset Partnership internet and all patients with Diabetes are signposted to these by healthcare professionals. This would ensure a wider audience has access to supporting information and foot prevention advice.

3.2 Practice Nurse Education

As the practice nurse is the annual point of contact for diabetic patients, the service proposes to deliver a rolling program of face to face or eLearning training sessions for practice nurses. This could be extended to district nurses or other healthcare processionals (HCPs).

4. CLINICS

4.1 Sites/Locations

The Podiatry service currently operates from 22 sites which provides considerable challenges for staff in terms of travel time, knowing the sites and moreover the ability to gain a rapport with patients and deliver consistent care, especially when staff change locations so often. This has been cited as a reason for staff leaving as it results in constantly changing base and working in isolation.

Staff feedback has been clear that the reduction in the number of sites would improve staff morale, peer support and wellbeing which in turn will improve retention and potentially attract new staff to join the team. It would also facilitate patients seeing the same podiatrist on a regular basis, a point which is regularly seen within our patient feedback for the service.

The creation of hubs of excellence where podiatrists are able to discuss cases and learning will necessitate a reduction in locations. We have undertaken a critical review of the data on disease prevalence to inform where hubs of excellence and satellite clinics should be located so as to support patients in accessing the service with the least impact on travel for staff and patients and the greatest alignment to proposed new neighbourhood care teams (Appendix 2).

Figure 1 outlines the proposed locations.

Proposed Clinic Locations

West:

Parkgate
(2 chair clinic: priority / routine)

Centre of Excellence**
BRIDGWATER or WILLITON
(4 chair clinic: 2 priority, 2 routine, Nail surgery / BiO)

Burnham on Sea or Williton
(2 chair clinic: priority / routine, BiO)

East:

Frome
(2 chair clinic: step down / routine / BiO)

Centre of Excellence**
WELLS OR WEST MENDIP
(4 chair clinic: 2 priority, 2 routine, nail surgery/BiO)

South:

Centre of Excellence
BARTEC
(5 chair clinic: 2 priority, 2 routine nail surgery / Bio)

Wincanton
(2 chair clinic: routine / BiO)

Crewkerne
(2-4 chair clinic: routine / step down clinic)

Relocate MSk Physiotherapy provision at:
- Bartec
- Crewkerne

Relocate Podiatry provision from:
- Shepton
- Wellington
- Minehead
- Chard
- South Petherton

Relocate Podiatry provision at GP surgeries:
- Somerton
- Milborne Port
- Langport
- Nether Stowey
- Coleford

Figure 1

*** The service is committed to working with Somerset CCG and Primary Care to identify where hubs of excellence are sited based on clinical need and in line with proposed neighbourhood care teams in Somerset. As space is not available at community hospital sites, Somerset Partnership would welcome accommodation within primary care sites, linking with neighbourhood teams, however we do not have any funds to pay for this accommodation and therefore we would welcome discussions to consider how this could be most effectively delivered.*

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 3). This will need discussion with Yeovil District Hospital if MSk Physiotherapy patients choose to attend there.
- Podiatry and MSk Physiotherapy staff will need to undergo consultation re change of base.

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.
- 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.

Cons:

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

4.2 Skill mix

The current Podiatry skill mix does not included the use of HCAs or non qualified staff. We wish to change this and our proposed model would support the use of Assistant Practitioners (band 3 or 4) and HCAs being used appropriately and within strict criteria, releasing qualified staff to undertake domiciliary care in the community, which will in turn support equitable access. HCAs will assist podiatrists within priority clinics, whilst APs will undertake routine clinics alongside a podiatrist. The podiatrist will debride and offload thereby maximising throughput and ensuring all staff are working to competency based assessments and are supervised appropriately.

4.3 Increase in provision

4.3.1 High risk priority patients with suspected infection are currently sent back to the GP via a robust same day pathway for swabbing and broad spectrum antibiotic prescription. The current system results in extra appointments for the patient and the GP and extra travel for the patient. If the service was commissioned to deliver

in-house swabbing and prescription of antibiotics in line with NICE guidelines and NHS England recommendations this could improve the antibiotic pathway. It would also bring the Podiatry service in line with the recommendations of the CQUIN 10 wound assessment audit. This is not within the current service specification and would require discussion with commissioners to consider the potential variation to the contract and any subsequent cost implications.

4.3.2 **Swabbing**: When a swabbing request is made, it is the responsibility of the requesting clinician to follow up and respond to the swab results in a timely manner in order to initiate focussed antibiotic treatment. The current service provision across 22 sites, with staff moving daily from site to site, does not allow for swabbing to take place in a robust and safe manner. By reducing sites and developing hubs of excellence the service would be able to set up the pathways required for swabbing to be undertaken by the clinical specialists.

4.3.3 **Non-medical prescribing**: The training of senior clinicians to carry out non-medical prescribing would allow swab results to be responded to in a timely manner with the prescription of appropriate antibiotic treatment. This would lead to a more efficient and effective service in line with the MDT foot pathway and would save unnecessary appointments and travel for patients and GPs.

5. DOMICILIARY CARE

There is currently an inequity in the provision of domiciliary care for high and moderate risk patients; with differing access criteria for a home visit and clinic visit as laid out within the service specification.

By reviewing the workforce and recruiting assistant practitioners the service would be able to consider a two tier DOMS system. Priority patients would be seen by a qualified podiatrist and patients requiring routine foot care could be seen by an assistant practitioner. A regular review of all moderate risk patients by a qualified podiatrist would be built into the pathway.

It is anticipated a two tier DOMS system could be implemented if clinic locations were reduced and skill mix reviewed; however, this would require ongoing review to ensure demand is manageable.

6. 24 HOUR PATHWAY

There are no proposed changes to the 24 hour pathway other than consideration as detailed below under Saturday working.

7. SATURDAY WORKING

The service is commissioned to deliver Saturday morning clinics at three locations, these being West Mendip Hospital, South Petherton Hospital and Parkgate House, Taunton. These clinics are for routine patients and accommodate 24 hour referrals received on a Friday. Long-term concerns regarding the impact of Saturday working are:

- Staff take time off in lieu for these hours in the week, thereby reducing the staff available Monday to Friday to deliver the core service.

- If a 24 hour patient is booked, the staff member on duty may not have completed their priority competencies and the patient has to travel to another site which can incur significant mileage.
- A number of staff live outside Somerset, so travelling for 3.75 hours is time consuming, costly and impacts on their resilience and wellbeing.

It is proposed the service extends the working hours at the hubs of excellence to 6.00pm on a Friday so patients can be seen promptly (same day) and podiatrists can access prompt antibiotic cover. These changes are minimal and would provide patients with a prompt appointment closer to home and with staff who have completed priority clinic competencies; thereby meeting the needs of this patient group.

It is acknowledged this does not align with extended hours of working; however, the service is currently under significant pressures and is reliant on maintaining the health and resilience of its workforce. It is requested that this be considered within the short term on an interim basis and reviewed quarterly.

8. IMPLEMENTATION TRAJECTORY

The following timeframes are approximate and will commence at the point where a sustainable model is agreed.

Short Term (0- 3 months)
- Commence stake holder communication.
- Cease Saturday working and move to extended Friday clinics; to be reviewed quarterly.
- Cease provision at GP surgeries.
- Commence staff consultation re change of base.
- Confirm sites for hub of excellence based on clinical need and aligning with neighbourhood care teams in Somerset and secure estates linking with primary care.
- Advertise and appoint HCAs.
- Appoint assistant practitioners (Band 3 or 4) and initiate training package (12–18 months).
- Waiting list recovery plan (as staffing permits).

Medium Term (3-6 months)
- Secure locations for delivery and scope equipment requirements.
- Relocate equipment.
- Band 5 podiatrists to start two tier DOMS to provide equitable access (as staffing permits).
- Website design and videos available.
- Healthcare professional training defined and offered.
- Discuss commissioning of swabbing and prescribing.

Long Term (6 months – 1 year)
- Embed hubs of excellence.

Other considerations
- Staff claiming excess mileage for four years due to base change.

- Leaflet changes.
- Stakeholder feedback.

9. RECOMMENDATIONS

This 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 (Appendix 1) in 2014. It is recognised that staying the same is not an option, as staffing shortages has led to the service placing all routine and Bio referrals on a waiting list over the summer to ensure the high risk and ulcerated patients have received care. Furthermore, the reduction in Podiatrists being trained will result in a smaller pool of trained staff, thereby necessitating a move towards a new skill mix.

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 skill mix which will provide equitable high quality care for all patients and which will reduce sickness, staff turnover and increase wellbeing and resilience.

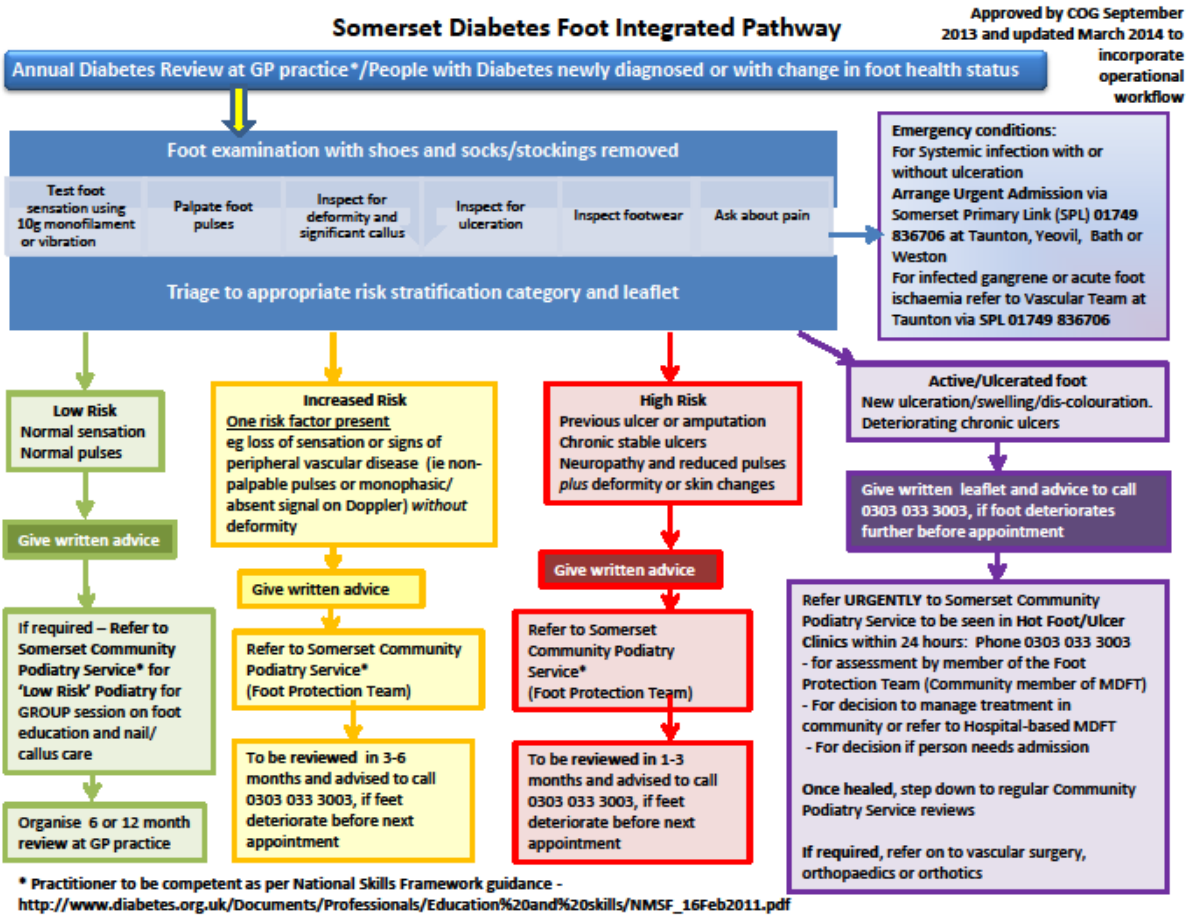
We are therefore asking that the CCG support the following recommendations to ensure the service can maintain patient safety:

- Endorse a hub and spoke model of delivery – CCG, primary care and Somerset Partnership to work together to secure sites without cost.
- Agree to the end of provision at five GP practices as soon as possible.
- Agree to end Saturday working and move to extended Friday hours.

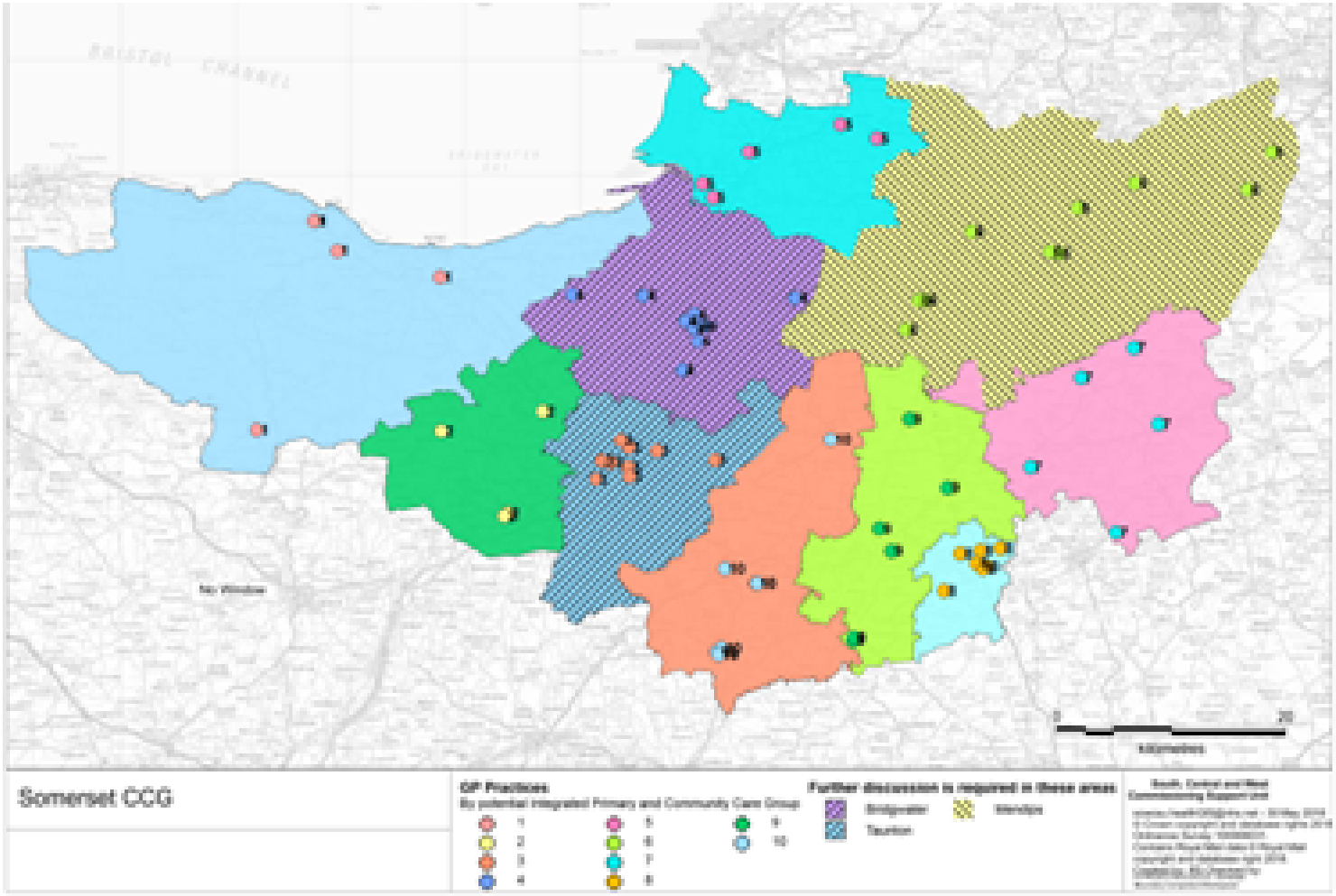
Next Steps following CQRM 12 September 2018:

- Paper and Impact Assessment to go to next Clinical Executive Committee and Governing meeting for discussion and agreement in principle to proceed.
- Await data to fully inform the decision on locations based on disease prevalence, patient travel time and neighbourhood teams.
- Once agreement in principle to proceed and potential locations are agreed it will need to go Scrutiny for Policies, Adults and Health Committee.
- DF and A Heron to agree a single message focussing on the sustainability of the service.
- Service manager to take forward temporary changes to Saturday working and draft communications to go to GP practices.

Appendix 1: Somerset Foot Integrated Pathway



Appendix 2: Neighbourhood Care Teams



Potential integrated primary and community care team boundaries

Appendix 3: Mileage chart

	Bridgwater TA6 5AH	Burnham TA8	Chard TA20 1NF	Charter House BA20 2SU	Chaterway House TA20 1FR	Crewkerne TA18 8BG	Dene Barton TA4 1DD	East Reach TA1 3EN	Frome BA11 2FH	Minehead TA24 5LY	MPH TA1 5DA	Shepton Mallet BA4 4PG	South Petherton TA13 5AR	Verrington BA9	Wellington TA21 8QQ	Wells Priory B5 1TL	West Mendip BA6 8JD	Wiliton TA4 4RA	Wynford House BA22 8HR	Yeovil Hospital BA21 4AT
Bridgwater TA6 5AH	0	11	23	32	22	31	16	12	35	26	12	25	25	32	18	20	17	18	32	34
Burnham TA8	11	0	33	42	32	41	26	21	39	40	23	24	35	55	28	20	23	32	42	44
Chard TA20	23	33	0	19	1	8	21	16	47	40	17	35	12	32	23	39	33	32	20	17
Charter House BA20 2SU	32	42	19	0	18	8	30	25	39	49	26	24	9	22	32	29	24	41	2	2
Chaterway House TA20 1FR	22	32	1	18	0	9	20	15	47	39	16	34	11	31	22	38	32	31	19	20
Crewkerne TA18	31	41	8	8	9	0	29	25	40	48	26	27	8	25	32	32	26	41	10	10
Dene Barton TA4	16	26	21	30	20	29	0	5	58	22	5	45	23	43	8	37	34	14	30	32
East Reach TA1	12	21	16	25	15	25	5	0	53	24	1	41	18	38	12	32	29	16	25	27
Frome BA11	35	39	47	39	47	40	58	53	0	77	55	15	37	21	60	20	24	69	37	35
Minehead TA24	26	40	40	49	39	48	22	24	77	0	24	64	42	62	25	51	48	10	49	51
MPH TA1 5DA	12	23	17	26	16	26	5	1	55	24	0	42	19	39	7	33	30	16	27	28
Shepton Mallet BA4 4PG	25	24	35	24	34	27	45	41	15	64	42	0	24	15	48	5	9	57	23	22
South Petherton TA13 5AR	25	35	12	9	11	8	23	18	37	42	19	24	0	22	25	29	23	34	9	10
Verrington BA9	32	55	32	22	31	25	43	38	21	62	39	15	22	0	45	19	22	55	20	20
Wellington TA21 8QQ	18	28	23	32	22	32	8	12	60	25	7	48	25	45	0	39	36	21	33	34
Wells Priory B5 1TL	20	20	39	29	38	32	37	32	20	51	33	5	29	19	39	0	4	43	27	27
West Mendip BA6 8JD	17	23	33	24	32	26	34	29	24	48	30	9	23	22	36	4	0	38	22	20
Wiliton TA4	18	32	32	41	31	41	14	16	69	10	16	57	34	55	21	43	38	0	41	43
Wynford House BA22 8HR	32	42	20	2	19	10	30	25	37	49	27	23	9	20	33	27	22	41	0	3
Yeovil Hospital BA21 4AT	34	44	17	2	20	10	32	27	35	51	28	22	10	20	34	27	20	43	3	0