

IMPACT ASSESSMENT of Podiatry Service Reset

This document contains a discussion of the impact of a proposed Podiatry Service Remapping in recognition of national staffing shortfalls and increasing acuity in order to ensure a sustainable and forward thinking Service that can continue to provide effective and high quality care for service users. Due to significant staff shortages, the service has had to link with the commissioners and prioritise care to ensure patient safety. This has led to all routine and Bio referrals being placed on a waiting list over the summer. As there is a reduction in podiatrists entering University, this staffing shortfall is anticipated to worsen over the next few years. This impact assessment outlines the sustainability of the Podiatry service following a service remodelling.

The Scope of this impact assessment covers the following areas to ensure patient safety is maintained:

- Reviewing education and foot prevention advice
- Ensuring equity for access to domiciliary care through a 2 tier Doms system
- Sustainable workforce strategy using non-qualified staff to support qualified staff
- Hub and spoke model of delivery of care across the county
- Support of the 24 hour pathway through Saturday working alternatives
- Introduction of swabbing and non medical prescribing, pending commissioning.

An initial assessment of some of the key issues in each area as they relate to the service change should be followed by a rating of their impact.

Consideration should be given to any specific impact (positive or negative) on any of the protected characteristics defined by the Equality Act in line with the Trust’s Equality Impact Assessment Policy.

Criteria	Red Flag	Amber Flag	Green Flag
Safety			

Criteria	Red Flag	Amber Flag	Green Flag				
1.Harm	<p>Ensuring equity of access to domiciliary care without adequate staffing in place would result in:</p> <ul style="list-style-type: none"> • Increased domiciliary referrals • Not meeting return times for high risk patients in clinics. • Insufficient clinic capacity to meet RTT KPIs across service. • Negative impact on staff morale and sickness levels • Unable to meet to NICE guidelines CG10 with current caseload and clinic capacity. Any increase in caseload and decrease in clinic capacity will make future adherence less achievable. • Since the inception of the Somerset Diabetes Foot Integrated pathway in 2014, the numbers of amputations within Somerset has fallen dramatically. Failure to deliver to the increasing number of priority clinics required may result in a return to increasing amputation trends. • Waiting lists for non urgent care / BiO referrals <p>The service covers a large geographical area and domiciliary visits reduce the numbers of podiatrists available to undertake clinics at hospital/GP sites. The increase in domiciliary visits makes it increasingly challenging for the service to staff the priority clinics and to be responsive to 24 hour priority referrals.</p> <table border="1" data-bbox="600 943 2045 983"> <tr> <td data-bbox="600 943 909 983"></td> <td data-bbox="909 943 1285 983">High risk of harm</td> <td data-bbox="1285 943 1675 983">Medium risk of harm <input checked="" type="checkbox"/></td> <td data-bbox="1675 943 2045 983">Low risk of harm <input type="checkbox"/></td> </tr> </table> <p>Hub and spoke model of delivery of care across the county</p> <ul style="list-style-type: none"> • GP and routine patients expectations of care closer to home not always met • Some patients will require transport • Podiatry and MSk Physiotherapy staff will need to undergo consultation re change of base 				High risk of harm	Medium risk of harm <input checked="" type="checkbox"/>	Low risk of harm <input type="checkbox"/>
	High risk of harm	Medium risk of harm <input checked="" type="checkbox"/>	Low risk of harm <input type="checkbox"/>				
	High risk of harm	Medium risk of harm <input type="checkbox"/>	Low risk of harm <input checked="" type="checkbox"/>				
2.Quality Improvement	<ul style="list-style-type: none"> • Quality improvement is measured through audit, PREMs and PROMs. Quality improvement and its measurement have been limited by rising caseloads as clinical staff have had increasing 						

Criteria	Red Flag	Amber Flag	Green Flag
	limitation on their time to carry out and take part in service audit. <ul style="list-style-type: none"> It is anticipated that a hub and spoke model using non-qualified staff to support qualified staff would provide the opportunity for hubs of excellence which will support staffing in terms of peer reviews, clinical support, supervision and governance and free up time for staff to engage with quality service improvement. A hub and spoke model would also allow for conversation re the commissioning of swabbing and non medical prescribing, improving access to antibiotics for patients, supporting primary care by reducing unnecessary appointments and meeting NICE guidance and NHS England peer reviews. 		
	No quality improvement <input type="checkbox"/>	Moderate quality improvement	High quality improvement <input type="checkbox"/> √
3.Effectiveness	<ul style="list-style-type: none"> An improvement in the Service ability to undertake quality improvement would lead to improved clinical effectiveness and service delivery. Increased ability to engage clinical support/supervision/mentoring/1:1's would result in increase ability to ensure continuous quality improvement. Swabbing and antibiotic prescribing by podiatrist would streamline the patient journey, improve patient rapid access to targeted antibiotic treatment and decrease pressure on GP's, leading to a more effective and efficient service delivery model. <p>Saturday working alternatives:</p> <ul style="list-style-type: none"> Extended working hours at hubs of excellence on a Friday would allow patients a prompt appointment, closer to home and with staff who have completed priority competencies thereby meeting the needs of this patient group and increasing clinical effectiveness. 		
Strength of evidence for stated clinical effectiveness	Limited evidence	Modest evidence <input type="checkbox"/>	Good evidence <input checked="" type="checkbox"/>
Cost			
4.Value for money	The service is delivering to the service specification so as to ensure efficiency and effectiveness within service delivery. This was evoked due to rising challenges of acuity within the service. The proposed podiatry Service Remapping is anticipated to be cost neutral but would give greater value for money if		

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	<p>the hub and spoke model allowed for access to domiciliary care through a 2 tier Doms system</p> <p>The introduction of a sustainable workforce through skill mix review will use qualified and non-qualified staff to support service delivery.</p> <p>Maintenance of 24 hour pathway within Somerset Integrated Foot Pathway has resulted in marked reduction in amputation and system wide savings reported at annual net saving of £926,000 in Somerset. The reset paper is designed to promote the ongoing delivery of priority clinics so as to support the pathway.</p>		
	Limited evidence of value for money or evidence of poor value for money <input type="checkbox"/>	Evidence of modest value for money <input type="checkbox"/>	Evidence of good value for money <input checked="" type="checkbox"/>
5.Impact on current resource utilisation / financial balance	See 4		
	Low impact <input type="checkbox"/>	Moderate impact <input type="checkbox"/>	Significant impact <input checked="" type="checkbox"/>
Benefits			
6.To individual (health improvement, patient outcome and life expectancy)	<ul style="list-style-type: none"> • Equity of access for Domiciliary care would allow moderate risk podiatry housebound patients to access the Podiatry Service • A rolling programme of face to face training session for PN's and potentially DN's would improve the continuity and consistency of care for the patient across the MDT. It would also promote patient wellbeing and self management to try and reduce the numbers presenting with ulceration. • A hub and spoke model would result in less clinic cancellations as there would be more staff to cover, improved access to clinical specialists, closer links with the Acute Trusts, improved booking of 24 hour patients within hubs of excellence and will permit scoping of swabbing and NMP leading to improved access to antibiotic pathway-all leading to significant benefits to the 		

Criteria	Red Flag	Amber Flag	Green Flag
	service users.		
	No benefits <input type="checkbox"/>	Modest benefits <input type="checkbox"/>	High benefits <input type="checkbox"/> <input checked="" type="checkbox"/>
7.To community (health inequalities)	<p>An anticipated outcome would be a reduction in health inequalities through equity of access to the Service, hubs of excellence facilitating patients to be able to see the same podiatrist on a regular basis, increased provision of care through swabbing and prescribing at within the podiatry consultation and a prompt appointment closer to home and with staff who have completed their priority clinical competencies for Friday 24 hour referrals.</p> <p>This will increase the overall effectiveness of the Service in the management of Diabetic patients at risk of deterioration of their foot condition and allow for closer links to the MDT within Acute Trusts.</p>		
	No benefits	Modest benefits <input type="checkbox"/>	High benefits <input type="checkbox"/> <input checked="" type="checkbox"/>
Need			
8.Prevalence	Rising prevalence of diabetes leading to increase in moderate and high risk caseload.		
	< 0.1% prevalence	0.1-10% prevalence	> 10% prevalence <input checked="" type="checkbox"/>
9.Patient Experience	<p>Maintaining prompt access to priority clinics, less clinic cancellations, shorter return times, an equitable approach to domiciliary access and the avoidance of an extra GP appointment through in house swabbing and antibiotic prescription will be in line with patient expectations and lead to a positive patient experience.</p> <p>Patients have given feedback that they would prefer to be seen by the same podiatrist for their ongoing treatment and it is anticipated that we could meet this patient expectation through reducing the number of sites and developing hubs of excellence in a hub and spoke model. An improvement in patient experience would be reflected through PREM results and through Friends and Family comments.</p> <p>Routine patients expectations of care closer to home may not be met and some patients may require transport-this may initially reduce patients perception of their experience.</p>		

Criteria	Red Flag	Amber Flag	Green Flag
	Reduces patient experience	Maintains patient experience <input type="checkbox"/>	Improves patient experience <input type="checkbox"/> x
10. Carer experience	As above		
	Reduces carer experience	Maintains carer experience <input type="checkbox"/>	Improves carer experience <input type="checkbox"/> x
Other Criteria			
11. Impact on partners' sustainability	<p>If the Hot Foot clinics are able to manage capacity through the proposed model of using Assistant Practitioners and HCA's to support qualified staff this will mean more less patients referred to MDFTs at the acute trusts requiring intervention, and possibly amputation.</p> <p>This will also impact positively on DNs and practice nurses where there is shared care between providers.</p>		
	Has high impact on partners' sustainability <input type="checkbox"/>	Has modest impact on partners' sustainability x	Has no, or beneficial impact on partners' sustainability <input type="checkbox"/>
12. Partners'/ Stakeholders acceptability of service change	<p>A positive perception of the service change is anticipated through:</p> <ul style="list-style-type: none"> • Equitable access for Domiciliary Patients • Increased training and education opportunities for PN's and potentially DN's • Improved access for patients with reduced return times and reduced appointment cancellations would lead to an improvement in patient experience and feedback through stakeholders • GP expectations of care closer to home for routine patients would not be met and may initially cause concern from stakeholders 		
	Low acceptability <input type="checkbox"/>	Moderate acceptability <input checked="" type="checkbox"/>	High acceptability <input type="checkbox"/>
13. Treatment or service options	With the recognised national AHP shortage and increasing acuity it has been recognised that the current model of delivery is unsustainable.		

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	<p>To continue to deliver the Service in its current form is no longer a viable option.</p> <p>The proposed remapping of the podiatry service and the inclusion of a sustainable workforce strategy are considered to be the only option available in order to ensure a safe, effective and efficient service.</p>		
	Other options with better outcomes	Other options with same outcomes <input type="checkbox"/>	No other options <input checked="" type="checkbox"/>
14.Feasibility	Continuing to manage a rising caseload with no increase in staffing levels is unsustainable in the longer term without adapting service delivery.		
	Unsustainable or significant risk of failure <input checked="" type="checkbox"/>	Probably sustainable, implementation feasible <input type="checkbox"/>	Sustainable, easily integrated. Clear implementation plan <input type="checkbox"/>
Policy Alignment			
15.National policy target or other statutory requirement (Commissioning Plan)	<p>NG19 is the latest evidence base for the management of diabetic patients; the service is commissioned to deliver to CG10. These guidelines have clear guidance on the access and return times for Diabetic patients of moderate and high risk. With our current staffing challenges we are unable to meet the CG10 guidance for moderate patient return times. It is anticipated that using a hub and spoke model and a more sustainable workforce of non-qualified and qualified staff we would be able to deliver to CG10. Furthermore, if swabbing and antibiotic prescription were to be commissioned this would be in line with NICE guidelines and NHS England recommendations.</p>		
	Not related to national policy or target	Weak relationship to national policy or target <input type="checkbox"/>	Direct relationship to national policy or target <input checked="" type="checkbox"/>
Equality Impact			
16.What impact is the service change likely to have on the protected characteristics identified under the Equality Act	.		

Criteria	Red Flag	Amber Flag	Green Flag
Age	Negative Impact	Neutral Impact x	Positive Impact <input type="checkbox"/>
Disability	Negative Impact	Neutral Impact x	Positive Impact <input type="checkbox"/>
Race	Negative Impact <input type="checkbox"/>	Neutral Impact x	Positive Impact <input type="checkbox"/>
Sex (Gender)	Negative Impact <input type="checkbox"/>	Neutral Impact x	Positive Impact <input type="checkbox"/>
Religion or Belief	Negative Impact <input type="checkbox"/>	Neutral Impact x	Positive Impact <input type="checkbox"/>
Sexual Orientation	Negative Impact <input type="checkbox"/>	Neutral Impact x	Positive Impact <input type="checkbox"/>
Gender Reassignment	Negative Impact <input type="checkbox"/>	Neutral Impact x	Positive Impact <input type="checkbox"/>
Marital Status/ Civil	Negative Impact <input type="checkbox"/>	Neutral Impact x	Positive Impact <input type="checkbox"/>

Criteria	Red Flag	Amber Flag	Green Flag
Partnership			
Pregnancy and Maternity	Negative Impact <input type="checkbox"/>	Neutral Impact x	Positive Impact <input type="checkbox"/>
Learning Disabilities	Negative Impact <input type="checkbox"/>	Neutral Impact x	Positive Impact <input type="checkbox"/>

ACTIONS TO MITIGATE THE RISKS

Please detail the proposed actions to mitigate the key risks as identified above -:

Reduction of number of sites that routine podiatry clinics are currently delivered at in order to:

- Maintain the number of priority clinics alongside equitable DOMS provision
- Provide hubs of excellence and smaller satellite clinics
- Undertake commissioning conversations regarding swabbing and antibiotic prescription in hubs of excellence
- Extend Friday working hours in hubs of excellence in lieu of Saturday working so patients can be seen promptly by experienced clinicians and increase availability of staff during Monday to Friday to deliver the core service.
- Improve staff wellbeing, retention and peer support
- Allow for equity of access to Domiciliary Care

Develop a sustainable workforce strategy through supporting the use of non-qualified assistant practitioners allowing:

- Delivery of an increased number of priority and step-down clinics
- Equity of access to Domiciliary Care

Current control measures:

- Waiting lists for Bio and Routine patients in order to ensure that Priority patients continue to be seen within appropriate and safe timescales
- Weekly CCG update detailing current staffing/waiting times/Service updates

Actions to Date

- Waiting lists for Bio and routine patients
- Executive agreement for 3 locums-only able to secure 1 to date
- All podiatry non-urgent meetings and training postponed over Summer months
- Weekly CCG update detailing current staffing/waiting times/Service updates

- Explored staffing options with North Somerset Community Partnership but they are also working under capacity
- Ongoing monitoring on Divisional Risk Register

The following recommendations are outlined within the Podiatry service briefing paper 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.

IMPACT ASSESSMENT COMPLETED BY Fiona Robinson/Emma Blake

DATE OF COMPLETION 5/9/18

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 AHeron 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.