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Joint Governing Body Meeting – 30 July 2013

Title: Shaping Healthcare in Northamptonshire: Community Podiatry Services

Number: JGB-13-02

Presented by: Carole Dehghani, Chief Commissioning Officer

Why is this paper being presented to the Joint Governing Body?

The public consultation on community podiatry finished on 4 July and the Joint Governing Body is asked to consider the feedback received during the consultation, the rationale for change and to agree changes to service provision.

Key Points to note:

Agreeing to the recommendations will result in the removal of aspects of low risk level service provision, with the exception of children and vulnerable adults, based on their level of need.

The Governing Body is asked to note:

- That further work is to be carried out via an on-going dialogue with NHFT, clinicians, service users and stakeholders to co-produce the service redesign in line with the recommendations from the Health Overview and Scrutiny Committee
- This work will be completed by 30 August 2013 with the creation of an implementation plan with timings, cost benefit analysis, resource allocation and service development/redesign activity details. It is intended to involve patients and other stakeholders in this piece of work
- A new Equality Impact Assessment will be undertaken on the service redesign prior to the implementation of changes

Desired outcome: (Approval / note / take action)

The Joint Governing Body:-

- 1) Consider the feedback received as a result of the public consultation.
- 2) Approve the recommendation to cease the provision of low risk podiatry services subject to further work with clinicians, patients and stakeholders to agree a set of clinical criteria which will ensure that children and vulnerable groups with specific needs will continue to be eligible for low level podiatry interventions.
- 3) Support further exploration with partners of the potential to include the development of a broader range of low level foot care and podiatry services via the third sector, social enterprise etc. as part of the emerging Health and Wellbeing Strategy.

Shaping Healthcare in Northamptonshire: Community Podiatry Services

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Introduction

The immense financial challenge facing the NHS has meant that commissioning bodies have to appraise each of the services they commission to identify any options for service change or re-design that will release funding to target those patients who are most vulnerable and at risk of developing complications. As part of Nene CCG and Corby CCGs' financial management, all services will be reviewed to identify ways in which they can be delivered to reduce costs, maintain quality and meet the health needs of the most vulnerable.

Overall demand for services is likely to increase over the next 10 years and the percentage of patients living with long term or life limiting conditions is set to rise. The number of people in all age groups is likely to increase; the number over retirement age is predicted to increase by 43.6% over the next ten years and the county's diabetic population predicted to increase from 32,000 to nearly 50,000 by 2020.¹

This represents a significant challenge to the local health economy in general and to community podiatry services in particular.

Service Profile

The Northamptonshire Healthcare NHS Foundation trust (NHFT) Community Podiatry service provides care for individuals in Northamptonshire who have foot health needs. The service sees patients with low, medium and high care needs ranging from low level needs for minor foot concerns, issues with mobility or foot deformities, nail and skin problems through to arterial disease, diabetes and rheumatology related care needs. The Community Podiatry service operates from a number of community-based clinics and also provides a small domiciliary service to housebound patients, with care provided by range of podiatry service staff who are generalist and specialist. The service also provides advice and education about foot health and foot care for patients and carers. The majority (60%) of the service's work is in diabetes care, with 20% of their work being in the field of long term conditions such as rheumatoid arthritis, non-diabetic foot ulcerations and peripheral arterial disease. The remaining 20% of work covers low risk care needs. Included in this low risk element are the following clinical interventions: nail and skin problems, biomechanical conditions such as hammer toes, in-growing toenails, bunions, simple foot pain and limb length deformities for patients who have no underlying medical conditions.

Rationale for Change

In early 2013 a Nene CCG clinician carried out a desk-top review of community podiatry services. This review involved looking at the service that was currently being commissioned and assessing the likely future demand for podiatry and any opportunity for cost reduction. Following this review a number of considerations influenced the decision of the CCGs to consult on the proposal to remove low risk community podiatry for those with no underlying medical conditions.

The clinical, service and financial considerations included the following:

- The need to commission podiatry services that provide equitable NHS services which

¹ JSNA 2009 Executive Summary

focus on the treatment of medium to high risk patients with an underlying medical condition with an appropriately trained and equipped workforce.

- Ceasing the provision of the low risk community podiatry element would release £300k of funding in 2013/14.
- The clinical risk level in ceasing the low level service is minimal and removing it would not compromise the service provided for those with medium and high risk care level needs.
- There is a plurality of local private providers who are registered with the Health Professionals Council and already provide the same care as low level community podiatry services.
- There is the potential to work with local partners to develop alternative ways of providing low level foot care and podiatry services, building on previous local initiatives and the potential to develop social enterprise approaches to low level preventative and treatment services.
- Such an approach has been effectively implemented in other parts of the country e.g. Cambridgeshire and Sheffield.

Consultation Options for Change

In light of the rationale described above the CCGs initiated a public consultation process to gain views on two options and to provide an opportunity for any alternative options for change to emerge during the consultation period.

The options consulted on were:

Option 1: Keep the status quo, i.e. leave things as they are.

Option 2:

- Redefine what low, medium and high risk care needs are.
- Assess all individuals receiving community podiatry services and ensure that they are receiving the appropriate level of care for their needs.
- Encourage alternative non-clinical locations to provide community podiatry care for low risk individuals.

The key service change arising from Option 2 would be that patients who are low risk and who do not have an underlying medical condition would not be able to receive an NHS podiatry service.

Consultation Summary of Process and Responses

A detailed summary of engagement activity and the feedback gained during the consultation process is attached in Appendix 1. The process commenced with a phase of pre-consultation engagement with podiatrists, service users and key stakeholders such as the Overview and Scrutiny Committee, Nene CCG's Patient Congress and those representing stroke survivors and people with diabetes. This was followed by an eight week consultation.

There was some support for Option 2 during the pre-consultation engagement with members of the public and patients. However during the public consultation there was increasing vocal opposition to this option from service users and podiatrists. There was limited media interest in the early stages of the consultation. However efforts were made to keep the issue live and substantial coverage followed.

Key themes that emerged from the consultation were:

- A large number of respondents (91%) stated that they would like the service to remain as it is and not be changed.
- Many felt Option 2 would be detrimental to some patients' health, put additional pressure on other NHS services or classed the proposal as a 'false economy' as it would lead to deteriorating health and more pressure on hospitals/health services.
- Many respondents took the opportunity to state how satisfied they are with the current podiatry service.
- Some respondents understood the need for change and questioned the feasibility of continuing NHS funding for low risk services.
- Some of the concerns raised throughout the consultation were related to how the proposals could affect those they care for, themselves or their families.
- Many concerns were raised as to how more vulnerable groups would be affected, particularly children and the frail elderly. Many felt that should Option 2 be implemented, access to NHS podiatry services for these patient groups should be maintained.
- A number of completed questionnaires and letters came from podiatrists. Some comments related to process whilst others related to concerns that the health of some of their patients may be put at risk should these proposals be implemented – the elderly and children were specifically mentioned. Comments from podiatrists also raised concern that additional pressure could be put on other NHS services as a result.

Summary of Equality Impact Assessment (EIA)

An evolving Equality Impact Assessment has been carried out through the pre-engagement and consultation phase and is periodically updated based upon consultation feedback. The EIA has identified that:

- 63% of patients who use the service are over the age of 60 years
- 7% of patients are under the age of 18 years and access mainly short courses of treatment and nail surgery
- Patient experience questionnaire data suggests that the apparent ethnic composition of the service is consistent with the county's ethnic make up
- There are indirect discrimination implications for elderly patients who are of low income and are unable to look after their own feet or whose informal carer is unable to provide that care
- Option 2 may indirectly discriminate on the grounds that the withdrawal of podiatry for low risk level children may adversely affect their future mobility.

Health, Adult Care and Wellbeing Scrutiny Committee Recommendations

Given the importance of the service changes proposed the Northamptonshire County Council Health, Adult Care and Wellbeing Scrutiny Committee (OSC) has rightly given its close attention to the nature of the changes proposed and to the robustness of the consultation process. Following an initial meeting in March with the Chair of the Committee to discuss the proposals and approach to consultation, the OSC met on two occasions (5 June and 4 July), to consider the proposals and the process. The OSC produced a number of detailed observations and recommendations which were submitted to the CCGs on 8 July.

Appendix 2 provides the detailed CCG response to each of the observations and recommendations

made by the OSC and will form the basis of a formal response to Cllr Judy Sheppard, Chair of the Committee. The recommendation being put to the Governing Body addresses the key concerns raised by the committee regarding “consideration of alternative options beyond the 2 options of maintaining the status quo and encouraging non-clinical podiatry care provision for people assessed as low risk”.

Analysis and Conclusions

The summary consultation report at Appendix 1 has been considered by the CCGs’ senior clinical and executive leaders in a series of workshops and briefings; along with consideration and analysis of available service level data, financial and budget information and the evolving Equality Impact Assessment. It is clear from feedback received that the majority of staff and the public responding to the consultation would prefer to retain the status quo (91%).

The CCGs have considered this and whilst it was always a viable option to retain this service, the implication would be that other areas of health care provision would be adversely affected given the need to reduce costs. This view was supported by the clinical evaluation of the service which indicated that removing the low risk level element would have a low clinical risk impact and by the fact that there is alternative provision available in the county to meet low level needs.

The CCGs do accept the strongly expressed view that removing the low risk service from all groups would adversely impact on children and certain vulnerable groups. Therefore, as a consequence of this feedback further work has started with providers and users to revise definitions of low risk and vulnerable groups. The aim of this work is to develop a set of clinical criteria which will enable referrers to identify the number of individuals whose needs are such that although they do not have an underlying medical condition they would be highly likely to develop more serious foot conditions without a low level podiatry intervention. It is therefore proposed that a variant of Option 2 can be developed, which will mitigate the concerns expressed by the OSC and others during the consultation process that ceasing all low level podiatry interventions would adversely impact on some patient groups.

In reaching this conclusion the CCGs have also been mindful of the following information regarding podiatry services to the low risk group:

- Most low risk patients have one appointment and are discharged with self-care advice with a minority requiring one further appointment for treatment
- There is a very low conversion rate from low level to medium/high level podiatry care
- The minimal clinical risk of not meeting low level podiatry needs
- The existence of an alternative pathway within Musculo-Skeletal services for patients with foot problems and mobility issues
- The existence of a plurality of independent sector providers including the University of Northampton School of Podiatry service.
- The potential to support and encourage, with partners, the development of a broader range of low level foot care and podiatry services via 3rd sector, social enterprise etc. This could form a component of broader wellbeing and prevention initiatives within the county.

Recommendation

These recommendations have been developed after consideration of all the available information, including the analysis of consultation responses described in this report, by the Boards of Directors of both NHS Nene CCG and NHS Corby CCG.

The Governing Bodies of NHS Nene CCG and NHS Corby CCG are now asked to:

1. Consider the feedback received as a result of the public consultation and to note the strong support expressed for maintaining the status quo in the provision of podiatry services.
2. Approve the proposal to cease the provision of low risk podiatry services subject to further work with clinicians, patients and stakeholders to agree a set of clinical criteria which will ensure that children and vulnerable groups with specific needs will continue to be eligible for low level podiatry interventions
3. Support further exploration with partners of the potential to include the development of a broader range of low level foot care and podiatry services via 3rd sector, social enterprise etc. as part of the emerging Health and Wellbeing Strategy.

Next Steps

Prior to and throughout the consultation process NHS Nene and NHS Corby CCGs have been working with Northamptonshire Healthcare Foundation Trust (NHFT) to identify possible future podiatry service models. A Service Development Meeting took place on 18 July with Dr Matthew Davies from Nene CCG and NHFT podiatry clinicians and their management team to discuss the feedback received from the consultation and the implications of this on future service development and possible service redesign.

We are continuing and strengthening this approach by working in partnership with NHFT clinicians and managers to develop and explore suggestions for service change made as part of the consultation. Next steps will include:

1. A series of workshops will take place over the next weeks involving podiatry staff, patients, patient group representatives, clinicians, service managers and commissioning staff to agree the clinical criteria which will ensure that children and vulnerable groups with specific needs will continue to be eligible for low level podiatry interventions.
2. Work over a longer timescale to explore further opportunities for re-design of the way that podiatry services are organised and delivered.

Appendix 1 – Summary of feedback.

Shaping Healthcare in Northamptonshire

Public consultation on community podiatry services:

**A summary of activities undertaken during
consultation and a summary of responses**

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Introduction

NHS Nene and NHS Corby Clinical Commissioning Groups (CCGs) are clinically-led groups, responsible for planning and commissioning, or buying, the majority of health services on behalf of the population of Northamptonshire. They took over this responsibility from NHS Northamptonshire on 1 April 2013.

The CCGs are reviewing local health services and considering how they are provided. This is against the backdrop of a £44m financial gap in the health economy which needs to be addressed by the end of the financial year, i.e. April 2014. Similar financial challenges are faced by other CCGs in England.

This report is a summary of activities undertaken during a consultation on community podiatry services and the feedback received.

Proposals outlined in consultation

Community podiatry services in Northamptonshire are provided by Northamptonshire Health Foundation Trust. The service is currently available to people in Northamptonshire on an unrestricted basis, whether or not they have a medical need.

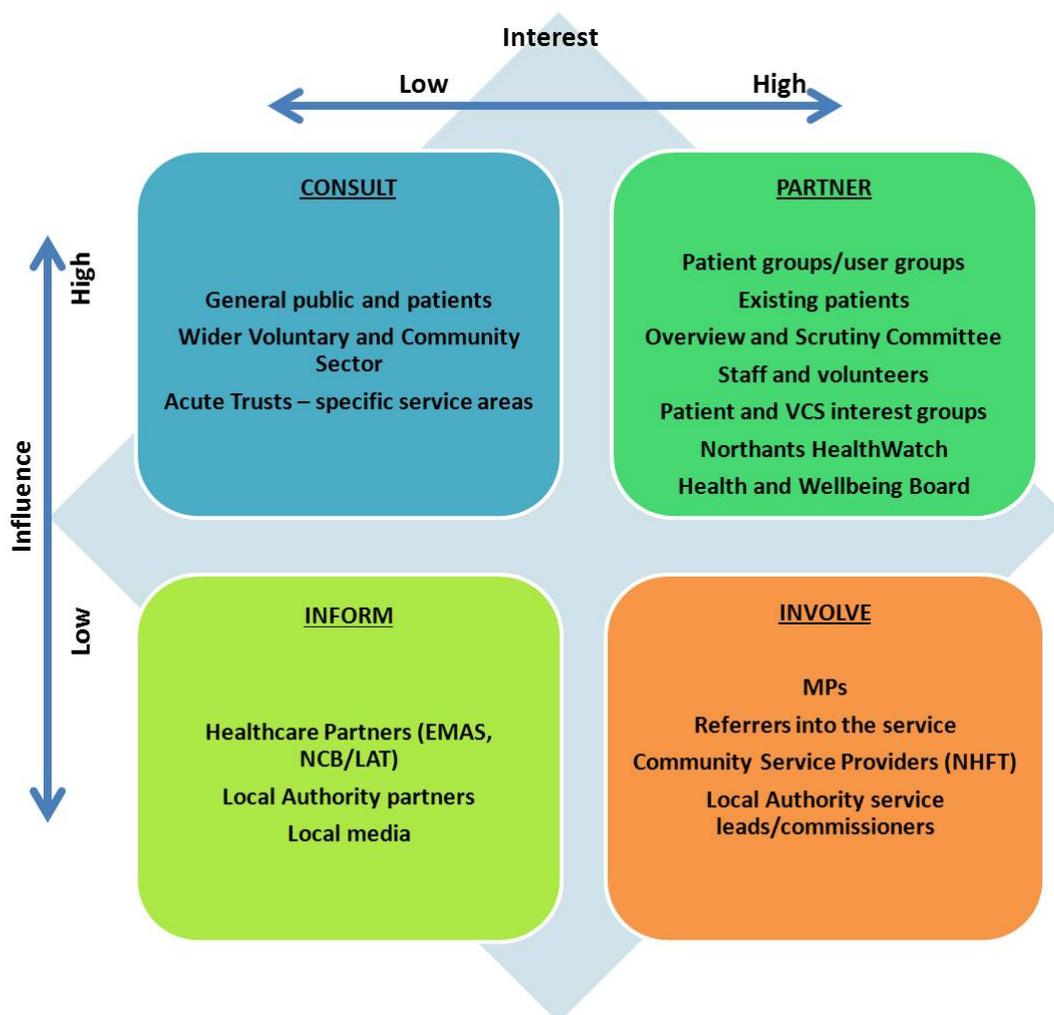
Two options were set out for consideration in the public consultation. Option one was to keep the 'status quo' i.e. no change. Option two was to give all patients an assessment and that those deemed to be 'low risk', i.e. having low or no medical needs, would no longer receive the service.

The proposals were developed jointly by the CCGs and Northamptonshire Health Foundation Trust (NHFT) ensuring full clinical involvement from the outset.

Planning for consultation

A comprehensive communications and engagement plan was drawn up and approved by the joint Nene and Corby CCG Northamptonshire Commissioning Delivery Executive on 9 April. A briefing and update was provided to Nene CCG's Governing Body on 16 April and to Corby CCG's Governing Body on the 30 April. In addition, Nene's Patient Congress discussed and approved the communications and engagement plan and approach to the consultations on 9 April. The plan set out targeted pre-consultation engagement work that would be taken forward with key stakeholders, staff and patients to develop and test draft proposals as well as setting out the aims of the consultation and the activities that would be carried out during that period.

The plan was informed by a thorough stakeholder mapping exercise to identify who the CCGs should engage with as part of this process. The diagram below shows how the process that was followed. A detailed stakeholder map is available at Appendix 1.



A meeting was held with the Chair of the Adult Service, Health and Well Being Overview and Scrutiny Committee on 26 March 2013 where approval was sought and given to the proposed approach for the consultation, including the eight week consultation period.

The Cabinet Office Code of Practice on Consultation was considered during the planning phase of the consultation to ensure full compliance.

The CCGs’ clinical leadership were briefed and involved at all stages to ensure they could shape and lead the patient and public engagement activities.

Pre-consultation engagement activities

In order to involve both users of the service as well as those who provide the service in developing and testing the proposals, the following activities took place:

- An expert patient focus group was held on 23 April. The meeting was attended by three podiatrists, a Diabetes UK representative and service users/carers. All feedback was collected and recorded.
- Telephone interviews with patients using the current service.
- Information was sent to lead officers at key voluntary and community sector organisations including Diabetes UK and the Arthritis Society requesting them to distribute the information to their membership so they were aware of the upcoming consultation.
- A presentation was given to Stroke Association workshop for stroke survivors and carers.
- Discussions were held to gain the views of those people who refer people into the service, this included GP locality chairs and also commissioning managers who have an overview of the current service.
- NHFT staff were informed of the service review in April with a clear message that no proposals, decisions or timescale for any changes had been made.

In addition, key stakeholders such as the Health and Wellbeing Board were informed of the CCGs' intention to consult on community podiatry services; HealthWatch was contacted by email and telephone at the beginning of April to discuss consultations on a number of occasions. No response was received.

All feedback was collated by the communications and engagement team and considered by the joint commissioning team who were developing the proposals.

Themes emerging from pre-consultation engagement

Feedback from patients

Patients in the podiatry focus group, the majority of who were deemed to be in the 'high risk' group, felt that their experience of accessing the service was very good. It was felt that the proposal for low risk patients to access the service in a community setting was a good idea but more options would be needed and clear standardisation of the service, whoever the provider is, would be necessary. It was felt that clear and consistent clarification was needed on what is low, medium and high risk and this should come from clinicians. When asked to list their priorities for the service, access was identified as being the highest priority, followed by expertise and standardising the service.

When asked to join the focus group, a number of patients indicated they would prefer to have a discussion over the telephone rather than attending a meeting and this was arranged.

Feedback from podiatrists in the focus group

Podiatrists in the group felt that investment in the service was necessary given the number of people they kept out of hospital/primary care. Comments included that there were already four pathways of care (acute, high, medium, low), not three (high, medium, low) and they were concerned that people categorised as 'low risk' would not access podiatry care from alternative providers. For the purpose of this consultation, confirmation was given that the acute pathway of care would be covered within the proposed high and medium risk categories.

Feedback from Stroke and Carers group

It was felt that greater clarification was needed on what was meant by 'low risk'. The current service was good but at times there were long waits for appointments and there was support for the idea that low risk patients could access the service in community settings, but people what wanted to know the likely cost was and some were concerned by this. Some people reported satisfaction about the private service they used and a comment was made as to whether carers would have any priorities in accessing the service.

Changes made as a result of feedback

As a result of this feedback from NHFT managers, podiatrists, members of the public and service users a number of changes were made to the consultation document. These included:

- Making the focus on providing a sustainable service to medium and high risk level patients.
- Including definitions of low, medium and high risk as examples (provided by NHFT) and not an exhaustive list and as it was felt that defining these too tightly would undermine one of the purposes of the consultation which was to 'define the risk levels'.
- Including the treatments that are considered to be low risk and would therefore be excluded.
- Including the list of clinics and treatments (drawn from the NHFT podiatry contract).
- Removing statements relating to faster access for high risk patients as podiatrists were concerned that this could not be guaranteed.
- Amending the statement "all patients will still receive a full clinical assessment" to "all patients will receive an assessment" so as not to create ambiguity or expectation around face to face assessments. NHFT podiatrists did not feel there will be sufficient capacity to offer full assessments to all.
- Extending the definition of alternative providers to include School of Podiatry, social enterprises, the private providers and the training of formal carers.
- Including statement that "where patients are assessed and found to be 'low risk' information would be provided to support patients in choosing an alternative provider".

Consultation document and supporting materials

The final consultation document was approved by the Nene CCG Board of Directors, the lead commissioner, on 7 May.

The consultation document was available online from 9 May and on the same day information about the consultations with links to the documentation was distributed widely (see section below).

People's views were sought via a questionnaire which asked:

- For views on which option they preferred.
- For their views on how they had been consulted and the level of information that they had been provided with.
- If they would like to feed in other general comments in reference to the consultation.

The consultation document and response form was available on request in different formats or in different languages. A telephone number was given should people want to ask any questions or request more copies of the consultation document.

The public consultation and questionnaire was delivered in Gujarati and Bangladeshi at three separate meetings.

People could respond to the consultation in the following ways:

- Online via the CCGs' websites.
- Email via a dedicated email address which was monitored daily.
- Telephone via a telephone number for the communications and engagement team.
- Post.
- Giving views at face to face meetings.

In order to monitor the profile and reach of the public consultation, consultees were invited to answer a number of questions, anonymously.

Raising awareness of the consultation

With partners and stakeholders

The following briefings were issued at the start of the consultation:

- A GP and practice staff briefing was distributed to all the 79 GP practices in Northamptonshire.
- A MP briefing was sent to all MPs in Northamptonshire and a meeting offered to discuss the proposals in more detail.

- Third sector briefings were distributed via Northampton Voluntary Centre to their database of 1,500 local organisations and via HealthWatch to their membership. This was then followed up with a telephone call to 140 local organisations to explain the consultation and offer to attend meetings or events held by local charities and voluntary organisations across Northamptonshire. A focus was placed on those groups representing older people or those with a long term condition as they were most likely to be affected by the proposals.

In addition, information about the public consultations was distributed to:

- NGH staff and public members.
- KGH staff and public members.
- NHFT staff and public members including FAQs and posters.
- Internal communications to NHFT staff via email/intranet and face to face meetings.
- Nene locality patient engagement groups.
- Corby patient participation groups.
- EMAS staff and public members.
- Public Health colleagues.
- County Council/Borough and District Councils.
- Arthritis Care staff and members.
- Northamptonshire MS Society.
- Age UK.
- Stroke Association staff and members.
- Northamptonshire Carers staff and members.
- Care Homes/Care Managers.
- Solve It - Volatile Substance Abuse Prevention.

In recognition of the fact that people access information in a variety of different ways and using different channels, a comprehensive approach was taken to raising awareness of the consultation. This included:

Frequently Asked Questions were developed and placed on the CCGs' websites on 24 May and then updated on 18 June. These documents were produced in response to questions and issues raised at events or via the telephone.

"Have your say" posters were developed and sent to GP practices and the NHFT communications team to circulate to staff and clinics.

Traditional media

Media releases were issued firstly at the start of the public consultations and secondly to promote the public meetings. This led to the following coverage:

Headline/Press Releases	Date	Subject
<i>Press Release</i> - NHS Nene and NHS Corby CCGs launch formal consultations	9 May	Launch of consultation period
Consultation on two NHS services will 'improve quality and efficiency' Chronicle online	9 May	Launch of consultation period
"Consultations aimed at better patient care" Northants Telegraph online	10 May	Launch of consultation period
<i>Press Release</i> - Public meeting – Community Podiatry Service Consultation	23 May	Public meeting
"Residents in Corby get a say on healthcare" Northants Telegraph online	28 May	Public meeting
"Public meeting on community podiatry" Herald and Post online" Northants Telegraph print	28 May	Public meeting
"Residents can give view on health care" Northants Telegraph print	30 May	Public meeting
"Uncertain future for Danetre clinic" Daventry Express online	3 June	Concerns about clinic
<i>Press Release</i> - Public meeting – Community Podiatry Service Consultation - reminder	5 June	Public meeting
"NHS podiatry and respite patients urged to attend public meeting" Chronicle online	7 June	Public meeting
"Diabetes patients can put questions to NHS panel" Chronicle online	7 June	Public meeting
<i>Press Release</i> - Upcoming NHS public meetings	12 June	Public meeting
"Changes to podiatry services expected in East Midlands" HSJ	12 June	Launch of consultation period
"NHS may axe kids' foot care" Chronicle and Echo print	13 June	Concerns raised
"NHS may axe kids' foot care in Northamptonshire" Chronicle online	14 June	Concerns raised
"NHS cuts consultations may have to be re-started" Chronicle online	2 July	Health, Adult Care and Wellbeing Scrutiny Committee Meeting
"Independent review launched over Favell House and podiatry consultation" Chronicle online	5 July	Consultation review

Radio interviews on BBC Radio Northampton were used in order to raise awareness.

- 10 May 7.40am – Interview with Dr Matthew Davies raising awareness of the consultations.
- 19 June 7.20 am – Interview with Dr Matthew Davies.
- 24 June 7.05 am – Interview with podiatry services user.
- 25 June 8.40 am – Interview Dr Matthew Davies.
- 3 July – 7.40 am – Interviews with Cllr Sally Beardsworth as well as a user of podiatry services.
- 4 July – 7.55 am – Interview with Dr Darin Seiger, GP Chair for NHS Nene and also representing Corby CCG.

New media

Information about the public consultation and how to get involved was placed on both CCGs' websites and information distributed via their social media channels:

- Facebook: 21 posts on CCGs' Facebook pages regarding the consultations which were seen by 5560 people in total.
- Twitter: Nene CCG issued 32 tweets regarding the consultations. These were re-tweeted 23 times to a possible audience of 22,906.
- Twitter: Corby CCG issued 24 tweets regarding the consultations. These were re-tweeted 12 times to a possible audience of 3622.
- Total twitter reach: possible audience reach of 23,755.
- Website: Nene CCG website consultation pages received 1990 total views with 1296 unique visits.
- Website: Corby CCG website consultation pages received 248 total views with 173 unique visits.
- Website: Total of 2238 visits to date to the consultation pages, with 1469 unique visits.

Meetings conducted:

- 2 May Stroke and Carers Group in Kettering – Deliver consultation briefing and provide consultation document/survey for feedback.
- 3 May Carers group in Northampton – Deliver consultation briefing and provide consultation document/survey for feedback.
- 21 May Meeting with Bridget Gibson, HealthWatch Northamptonshire at Francis Crick House.
- 28 May Olympus Care Services Limited - Adult Learning Disability Group at Oakley Grange Centre.
- 28 May Olympus Care Services Limited - Adult Learning Disability Learning Disability Group at Civic Centre, High Street Burton Latimer.
- 29 May Daventry and District Disability Access Forum, Daventry District Council Office.
- 17 May Northamptonshire Association for the Blind.
- 3 June Meeting with Bladder and Bowel Foundation.
- 3 June Pravasi Mandal Elderly Asian Group in Wellingborough.

- 4 June Pravasi Mandal Elderly Group in Wellingborough.
- 4 June 'Corby CCG - My Health Care Event' at the Corby Cube.
- 5 June NCC Health, Adult Care and Wellbeing Scrutiny Committee.
- 6 June Northampton Bangladeshi Association '50+ Bangladeshi Women, Northampton.
- 6 June from 'The future of your Diabetes Care Public Engagement Event' at Sixfields Stadium, Northampton.
- 17 June, Shaping Healthcare in Northamptonshire: public meeting - Residential Respite Consultation: Francis Crick House, Northampton.
- 19 June Shaping Healthcare in Northamptonshire: Public meeting - Community Podiatry Service Consultation Northampton.
- 26 June 'Rights Charter for people with learning disabilities' organised by Northamptonshire Learning Disability Partnership Board, Kettering Conference Centre.
- 3 July Over 50's event organised by Shaw Care.
- 4 July NCC Health, Adult Care and Wellbeing Scrutiny Committee.

Issues and how they were dealt with

Public meetings

At the outset of the consultation our approach was to work through existing voluntary and community networks within the area and offer to attend meetings to discuss the proposals, as well as to develop a dialogue with those representing people most affected by the proposed changes such as Diabetes UK and Age UK. Previous experience of holding public meetings had shown that these were often not well attended and it was better to be 'going to people' rather than expecting them to 'come to us'.

However, through our engagement at the start of the consultation we found that there was a wish to have a dedicated public meeting to discuss the proposals. We arranged a public meeting at Francis Crick House, Northampton at 5 pm on 19 June.

At the meeting there were complaints about the time and venue of the meeting. The venue was chosen as it was accessible by public transport and main thoroughfares, there was lots of free parking and good disability car parking access, as the car park in front of the building had been cleared to ensure a high number of disabled car parking spaces, in addition room was available to seat up to 80 people.

Misinformation

There were three instances where public information about the consultation was altered. The contact details for responses were changed by unknown parties on a poster promoting the public meeting resulting in an incorrect email address for Nene CCG being added. Two further posters were produced by unknown parties which contained incorrect information alongside the official logos of the organisations leading the consultations. Of these one included information seemingly from Northamptonshire Healthcare Foundation Trust but without their knowledge. The other incorrectly stated

that a meeting about the local diabetes service was a public meeting for the community podiatry consultation, which it was not.

In light of this, there were concerns that some people responding to the consultation may not have had accurate information about the proposals or where and how they could respond and efforts were made to counter any false impressions made by the changed posters/documents.

Lack of media interest

Criticism was received regarding the level of information about the consultation in the local press and media.

Press releases were released at the launch of the consultations and in response to people's concerns additional press releases were issued throughout the eight weeks. Details of the media releases issued and resulting coverage can be found on pages 7 and 8 of this report.

Health, Adult Care and Wellbeing Scrutiny Committee

Following an initial presentation and debate on the consultation on 5 June the committee members decided to set up a task and finish group to consider the committee's formal response. Following the rise in public interest in the consultation it was decided to hold a second public meeting on 4 July.

The CCGs were represented by the Chair and Chief Commissioning Officer of Nene CCG and a thorough debate took place at the end of which the committee agreed in broad terms their response. The CCGs assured the committee that they would take their views into account and were confident that their concerns could be addressed in response to consultations. More detail is provided on page 27.

Queries about information on how to respond

There was criticism raised at the public meeting that a telephone number for people to ring up to get additional information and an email address on a poster advertising the public meeting were incorrect.

The communications team were able to confirm that within a couple of days of the consultation starting they realised the telephone number given was being directed to an unmanned answer machine. The phone was redirected to the main communications office to ensure all phone calls were answered. The email address provided is an active email account which exists in addition to the primary Nene email address. The additional email mailbox was checked and it found one person had left a message and a member of the communications team had previously been in contact directly with the person to address their enquiry. Following this, both mailboxes are monitored daily and all emails were responded to within 24 hours of receipt.

Analysis of responses

Respondents were given the option to complete a paper-based questionnaire and submit it to the communications and engagement team or they could complete the questionnaire online. Individual letters and correspondence received in response to the consultation were also accepted, along with feedback on the telephone.

The total number of completed questionnaires received in response to the consultation was 2,014. In addition to this, 56 comments and feedback were recorded as a result of comments made in letters, emails and by respondents giving their feedback by telephone.

All responses were collated and analysed using both quantitative and qualitative approaches. Responses were analysed by NHS Nene and NHS Corby CCG representatives. Completed questionnaires were logged and collated using a web-based system (Survey Monkey). Letters, emails and comments by telephone and notes from public meetings and focus groups were logged separately.

The data and feedback has been collated to enable NHS Nene and NHS Corby CCGs to receive an accurate representation of the responses made as a result of the public consultation and assist them to make their final recommendations in light of this feedback.

Quantitative data

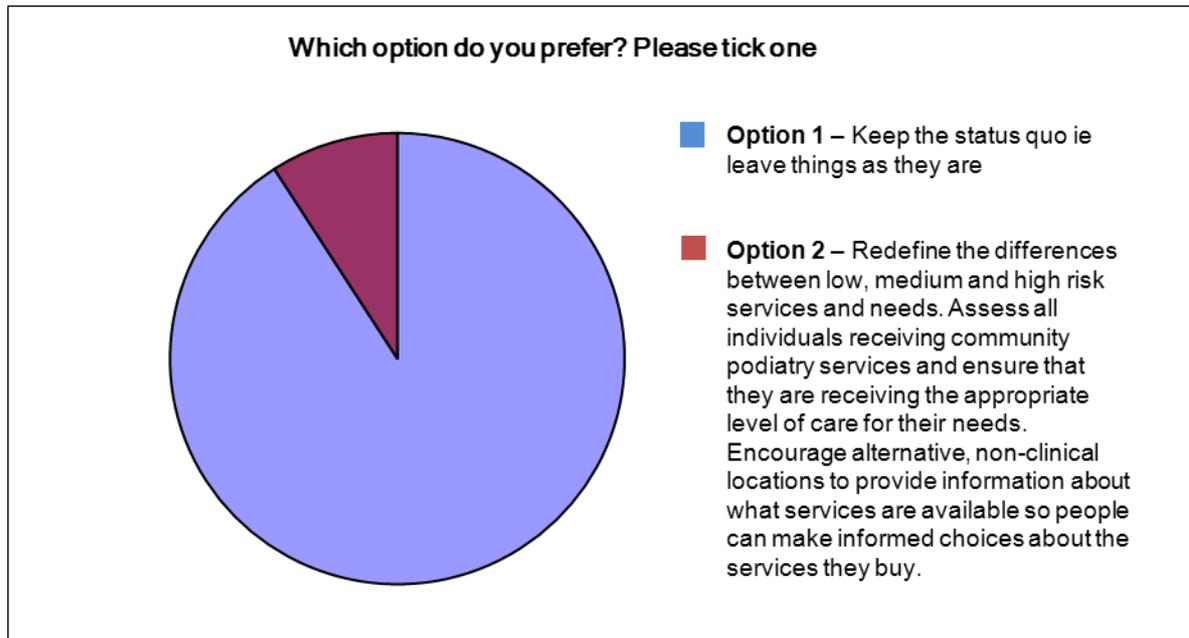
This section provides information on the number of questionnaires received, a breakdown of the demographic data provided by respondents and an overview of the responses to questions relating to the proposals.

Section 1 - Services

The options

Respondents were asked to choose which option they prefer. A total of 2,014 respondents completed this question.

Answer options	Number	Percentage
Option 1: Keep the status quo i.e. leave things as they are	1830	91%
Option 2: <ul style="list-style-type: none">• Redefine the differences between low, medium and high risk services and needs• Assess all individuals receiving community podiatry services and ensure that they are receiving the appropriate level of care for their needs• Encourage alternative, non-clinical locations to provide community podiatry care for low risk individuals and provide information about what services are available so people can make informed choices about the services they buy	184	9%

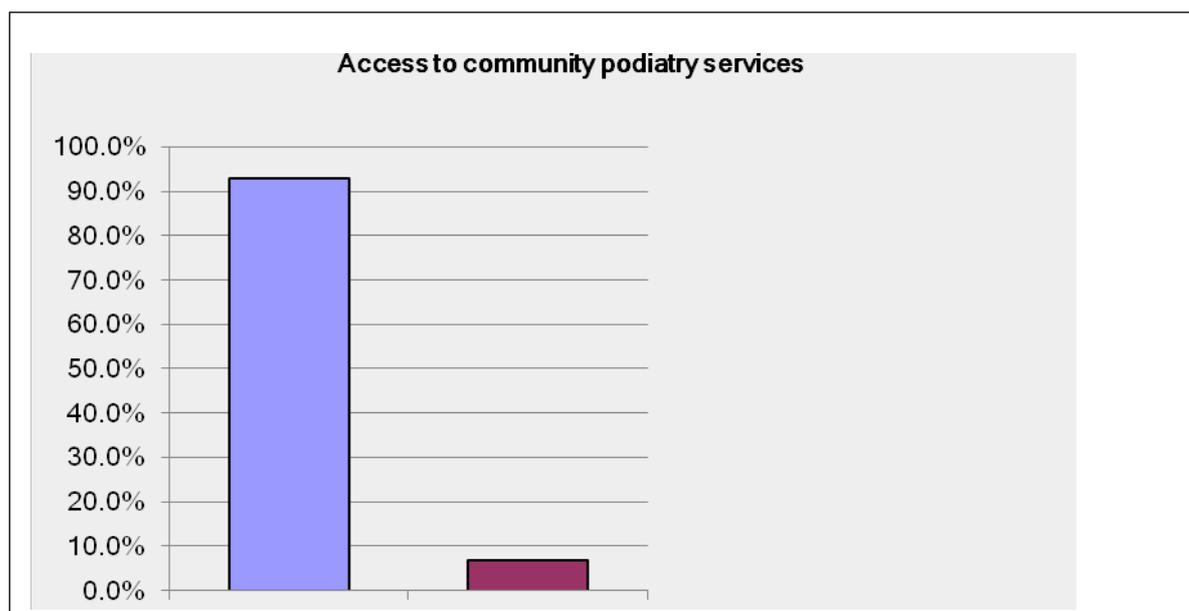


Section 2 – Additional questions

Access to community podiatry services

A total of 1,975 respondents completed this question and 39 chose not to answer it.

Answer options	Number	Percentage
I think all levels of community podiatry services should be funded by the NHS	1837	93%
I think that where low risk podiatry services can be provided at a lower cost by non-clinical providers, the NHS should not fund this service	138	7%



Answer options	Number	Percentage
Very satisfied	401	20%
Quite satisfied	161	8%
Neither satisfied or unsatisfied	160	8%
Quite unsatisfied	256	13%
Very unsatisfied	997	51%

Section 3 – About you

Respondents were invited to share information about themselves, to help us understand who had taken part in the consultation.

Type of respondent

Answer options	Number	Percentage
Completed on behalf of an organisation	22	2%
Completed as an individual	1992	98%

Gender

159 respondents did not answer this question.

Answer options	Number	Percentage
Male	888	48%
Female	962	52%
Transgender	6	<1%

Age group

139 respondents did not answer this question.

Answer options	Number	Percentage
Under 16	30	2%
16 – 24	38	2%
25 – 34	49	3%
35 – 59	421	23%
60 – 75	712	38%
76+	588	31%
Prefer not to say	37	2%

Ethnic group

220 respondents did not answer this question.

Answer options	Number	Percentage
White British	1593	88.8%
White Irish	43	2.4%
White Traveller	2	0.1%
White and Black Caribbean	10	0.6%
White and Black African	5	0.3%
White and Asian	9	0.5%
Indian	21	1.2%
Pakistani	3	0.2%
Bangladeshi	3	0.2%
Black/Black British Caribbean	9	0.5%
Black/Black British African	4	0.2%
Chinese	7	0.4%
Prefer not to say	85	4.7%
Any other ethnic group	24	

Do you consider yourself to have a disability?

249 respondents did not answer this question.

Answer options	Number	Percentage
Yes	1113	63%
No	551	31%
Prefer not to say	101	6%

Of the 1,113 respondents who answered yes to this question, 1045 specified their disability as follows, where they were able to choose as many options as apply:

Answer options	Number
Physical	964
Partial or total loss of vision	170
Learning disability/difficulty	37
Partial or total loss of hearing	194
Mental health condition or disorder	73
Long standing illness or disease	561
Speech impediment or impairment	31
Other medical condition or impairment	139

Sexual Orientation

568 respondents did not answer this question.

Answer options	Number	Percentage
Bisexual	48	3%
Heterosexual	1068	74%
Gay	4	<1%
Lesbian	2	<1%
Other	324	22%

Religion and belief

418 respondents did not answer this question

Answer options	Number	Percentage
No religion	297	19%
Bahai	0	0%
Buddhist	7	<1%
Christian	1011	63%
Hindu	23	1%
Jain	0	0%
Jewish	4	<1%
Muslim	11	<1%
Sikh	7	15%
Other	83	<1%

Qualitative data

Respondents were given the opportunity to provide comments and feedback. Respondents were asked *'Are there any other comments that you wish to feedback in reference to this consultation?'* In addition to this question, comments and feedback were also collected as qualitative data through email, letters, notes from public meetings and comments provided over the telephone.

The approach to analysing the qualitative data was an open coding system, where all of the individual comments or responses were read carefully and themes were identified in order to group and categorise the comments received. The themes were developed and analysed and sub-categories identified.

The following table shows the themes identified and the number of times a comment was expressed by respondents. Examples of some of the comments received are also provided. A full list of all additional comments is also available on request.

Theme	Sub-category	No.	Example comments
Knowledge and awareness of consultation	No knowledge of consultation until podiatry appointment	48	<p><i>"If I didn't have an appointment I would not know about it as the NHS have not informed me"</i></p> <p><i>"I feel I haven't been consulted at all. The first I heard about it was on my visit to the clinic today. I would like to keep this service as it is"</i></p> <p><i>"i found out about possible changes when i took my husband for his podiatry appointment"</i></p>
	General awareness of consultation - negative	132	<p><i>"Did not hear about it till 24/6/13"</i></p> <p><i>"Was not aware of any proposed changes"</i></p> <p><i>"Unaware of this! Documents not mentioned in clinic. Documents not in prominent position in clinic - seen by chance"</i></p>
Documents and information	Lack of information/ more needed	18	<p><i>"Lack of information to make choice"</i></p> <p><i>"Inadequate information given as to consultation (No consultation</i></p>

			<p>document provided)”</p> <p>“Very little info cuts.”</p> <p>“It was apparent at community podiatry clinics yesterday that service users do not understand what elements of the podiatry service were being withdrawn under the consultation proposal [podiatrist]”</p>
	Document – negative comments	48	<p>“Surely anyone providing a podiatry service is a clinician. What you really want is for people to pay privately for low risk services. In that case why not go see instead of dressing up the option”</p> <p>“Not that clear; 'what is low, med, high?' Bias towards the lower cost decision.”</p> <p>“The consultation document is very vague and lacks clear indication of the way savings will be applied. The document seems to indicate that savings will be applied to critical podiatry care”</p>
	Document – positive comments	5	<p>“Everything was explained clearly”</p> <p>“It was good that the consultation was available on the web and in Battle House. However there needs to also be access through sending letters/emails to service users.”</p>
Satisfaction with service	Specific podiatry service mentioned	4	<p>“Many years Isebrook podiatry has looked after me. They have always been very helpful and shown a lot of kindness in explaining anything that I am not sure about”</p> <p>“If this department [Isebrook] was not funded by the NHS and not</p>

			<i>available to me, a low risk person, who would look after my mother, as I need insoles and help with feet. I only get £59 per week as a carer so I couldn't pay"</i>
	Satisfaction with service - positive	51	<p><i>"Everyone is very professional, friendly and helpful"</i></p> <p><i>"My experiences with the NHS podiatry service has been excellent, and needed especially for the older generation"</i></p> <p><i>"I think the NHS podiatry service is absolutely brilliant. I am diabetic and can rest assured that my feet are being looked after by the excellent service I receive from NHS staff. Please keep this service at Brackley"</i></p>
	Satisfaction with service - negative	8	<i>"It would be better to see the podiatry more often than 3 months"</i>
Comments supporting no change	Leave service the same/do not change	119	<p><i>"I was so pleased with my treatment I would like it to continue on same level"</i></p> <p><i>"I would like to carry on as usual, very disappointed of the likely changes"</i></p> <p><i>"I think these services should be left as they are as at the moment diabetics can obtain emergency treatment as needed .In the future if changes go ahead such people may have to go to A&E which is already over stretched"</i></p> <p><i>"I strongly believe that we should not lose the diabetic podiatry service as the diabetic population of Northampton is consistently high in numbers and growing over the next few years [podiatrist]"</i></p>

	False economy/detrimental to health	109	<p><i>“What will happen to my children’s toenails? Lots of unnecessary tablets not good for my kids future immunity! Do not cut podiatry”</i></p> <p><i>“If podiatry were not accessible I would have to go to A&E at KGH because of the diabetic foot problems I got - you will lose front line staff that stop amputations. leave it alone!”</i></p> <p><i>“It is a false economy to stop this service if its not available doctors surgeries will be over flowing”</i></p> <p><i>“The podiatry source is crucial to so many people that it must be maintained for all levels of patients. What may seem a minor foot problem can quickly escalate to major trauma without correct foot care and this would eventually increase NHS costs. Cutting the podiatry service is simply a false economy”</i></p>
	General cuts	17	<p><i>“Disgusted with cuts”</i></p> <p><i>“First children's hearts and surgery now their feet and services - shameful!”</i></p> <p><i>“Funding needs to be used where it can best serve the community, removing some low level funding allows funds to be utilised elsewhere - I expect to be informed where the saving made will be spent.”</i></p>
	Job losses/staff	7	<p><i>“all about services but nothing about staffing levels”</i></p> <p><i>“if podiatrists are made redundant, how are we going to maintain the same level of service for our current at risk or high risk?”</i></p>

			<p><i>“if podiatrists are made redundant, how are we going to maintain the same level of service for our current at risk or high risk?”</i></p> <p><i>“I would also suggest that staff have manipulated patients”</i></p> <p><i>“This means fewer users of the service and as a consequence this means reduced estate and reduced staffing levels which play into the costing of options 1 and 2. This data has not been presented as part of the overall costings for option 1 and 2 and needs to be if there is to be an informed consultation”</i></p>
	Regulation of non-NHS footcare	6	<p><i>“As long as only trained qualified to provide service and reviewed every 6 months”</i></p> <p><i>“I appreciate money has to be saved. My major concern is that there must be standardisation and monitoring of the quality of care provided by alternative providers - anyone can call themselves a foot care provider”</i></p> <p><i>“Where will the community setting take place – some suggestion from carers i.e. GP practice, community centre, pharmacy”</i></p>
	Cost of private healthcare	55	<p><i>“I rely on this service unable to pay out of basic pension”</i></p> <p><i>“I think you should be able to pay a small fee at your podiatry place for feet to be done instead of having to pay private as I got took off just because I don't sort of have any life threatening problems but cannot do my own feet this I feel was so unfair”</i></p> <p><i>“it would be very difficult if the</i></p>

			<p><i>service was not here and we'd have to try and find a private service that we could afford"</i></p> <p><i>"As a pensioner I only have a limited budget so should not be able to afford to have podiatry treatments. I cannot cut my own toe nails and if left untreated I would be in pain and unable to walk. I strongly feel this NHS service should be invested in and not financial raped"</i></p> <p><i>"big surprise on cutbacks, will not be able to fund a home visit myself. Thought it was a caring society"</i></p>
other	No/nothing	2	<p><i>"none"</i></p> <p><i>"no"</i></p>
	Description of health condition	47	<p><i>"I (have...) problems bending and this is the first I have heard of this. It is a good service for people like me with COPD and those who are worse off"</i></p> <p><i>"I would struggle without this service as I cannot bend to treat my feet myself as I suffer from vertigo. I feel there are a number of people with the same problem. I feel very strongly that this service should continue as it is. I also have diabetes which needs careful monitoring of feet problems."</i></p> <p><i>"My wife and I in the same state as being helped with our feet problem. My wife is blind with macular disease also diverticular so she cannot help me. I try to do what I can but I have poor sight so I can't really help myself and try my best with emery board as I suffer with carbuncles under my feet. I get problems with ignoring toenails"</i></p>

<p>Misunderstanding of proposals based on health condition</p>		<p>15</p>	<p><i>"If podiatry were not accessible I would have to go to A&E at KGH because of the diabetic foot problems I got - you will loose front line staff that stop amputations. leave it alone!"</i></p> <p><i>"My wife and I in the same state as being helped with our feet problem. My wife is blind with macular disease also deruiticulitis so she cannot help me. I try to do what I can but I have poor sight so I can't really help myself and try my best with emery board as I suffer with carbuncles under my feet. I get problems with ingrowing toenails"</i></p> <p><i>"I'm concerned that low risk diabetic foot care needs won't be met, Age Concern won't do them. Private podiatrists don't always see diabetics"</i></p> <p><i>"I have diabetes who is going to do my feet?"</i></p>
<p>Agree with proposals/combination of NHS and private care needed</p>		<p>3</p>	<p><i>"It never ceases to amaze me what services are available free of charge on the NHS. Podiatry should become available for those deemed high risk or those on benefits unable to access private care"</i></p> <p><i>"...(I) have diabetes and I am glad that this service is being safeguarded"</i></p> <p><i>"I don't think the name or brand of the provider is important - it's the professionalism of the person who treats you"</i></p> <p><i>"Good idea that low risk patient can access the service in community setting, what is the cost?"</i></p>

Public meeting

A public meeting was held on 19 June at Francis Crick House in Northampton, to give members of the public the opportunity to hear more about the proposals, give feedback and ask questions. A total number of 84 people attended the meeting, 9 of whom were CCG or NHFT staff members. The themes raised at the public meeting are below:

- More data about the current service would be useful, for example the percentage of low, medium and high risk podiatry patients.
- Comments about the location and time of the event which many people did not like.
- Queries regarding the format of the consultation document and discussion about the independent evaluation that is to take place.
- Concerns that many of the affected low risk patients are elderly and unable to pay for foot care themselves.
- The prospect that some low risk patients would no longer access the care they need, potentially resulting in greater pressure on other NHS services such as A&E.
- Discussions and queries relating to the content of the consultation document took place, where clarification was given.
- Comments from podiatrists that they were concerned about the future of their service and the impact on patients and staff.

Northamptonshire Health, Adult Care and Wellbeing Committee

Two meetings were held with the Health, Adult Care and Wellbeing Scrutiny Committee. The committee submitted a formal response raising the following points:

- CCGs should consider alternative options beyond the two options of maintaining the status quo and encouraging non-clinical podiatry care provision for people assessed as low-risk.
- If proposals involving the use of non-clinical podiatry care provision for people assessed as low-risk are presented to the CCGs for agreement they must recognise and make arrangements to address the following risks:
 - (a) Concerns about the affordability of podiatry services delivered by private-sector
 - (b) Concerns about the consistency of the standard of service delivered by private-sector providers;
 - (c) Concerns that if people assessed as low-risk are unable or unwilling to access non-clinical podiatry care services it could result in their needs remaining untreated, causing their wellbeing to be affected and ultimately increasing demand on more intensive NHS services.
- The Committee would want to see a robust case for identifying community podiatry services as an area in which savings can be made and a demonstration that a range of alternative options, including maintaining the status quo, had been considered in arriving at the final proposals.

- The Committee recommended that future public consultations by the CCGs be clearer about being a listening exercise and not just a choice between specified options with no scope for alternatives to be considered.

Summary and observations

In summary, 91% of the respondents who completed the questionnaire chose the ‘keep the status quo – leave things as they are’ option and 93% responded that all podiatry services should be funded by the NHS.

Profile of respondents

Based on the people who answered each of the ‘About you’ questions in the questionnaire, the majority of respondents were doing so as an individual where 2% completed the questionnaire on behalf of an organisation. There was a very similar response rate from males (48%) and females (52%) where less than 1% was transgender and the majority of respondents identified as ‘White British’. The three age ranges with the highest rate of response were 35-39 (23%), 60-75 (38%) and 76+ (31%). A total of 63% of respondents who answered the question considered themselves to have a disability, the majority specified this as a physical disability. Of the 1,596 respondents who answered the question about religion and belief, 63% identified themselves as Christian, 19% had no religion and 15% were Sikh.

Key themes

A qualitative analysis of the responses shows a broad range of comments but on closer inspection and analysis, there are specific issues that are made repeatedly within each of these themes or categories.

The most common areas of consistent feedback include:

- General awareness of the consultation – some respondents did not feel they knew about the consultation early enough, or were only told by their podiatrist when attending an appointment.
- A large number of respondents provided comment and feedback to support the status quo, many stating that they would like the service to remain as it is and not be changed.
- Many felt the proposed changes would be detrimental to some patients’ health, put additional pressure on other NHS services or classed the proposal as a ‘false economy’ as it would lead to deteriorating health and more pressure on hospitals/health services.
- Many respondents took the opportunity to state how satisfied they are with the current podiatry service.
- Some respondents stated an understanding of the need for change and why all services cannot stay the same.
- Some of the concerns raised throughout the consultation were related to how the proposals could affect those they care for, themselves or their families. In

addition, concerns were raised as to how specific patient groups would be directly affected, particularly podiatry care for children and for the elderly and vulnerable. Many felt should the proposals be implemented, access to NHS podiatry services for these patient groups should be maintained.

- A number of completed questionnaires and letters from some podiatrists were received. The comments included concerns over the accuracy of the documentation and that the health of some of their patients may be put at risk should these proposals be implemented – the elderly and children were specifically mentioned. Comments from podiatrists also raised concern that additional pressure could be put on other NHS services as a result.

Concerns relating to responses

- A significant number of respondents seemed not to understand the proposals as they were concerned they would lose a service when in fact under the proposals their medical condition, e.g. diabetes, would mean the service would be better placed to focus on their health needs.
- A large number of respondents expressing concerns that the podiatry service would be closing, however there were no such proposals within the consultation document.
- The vast majority of the completed paper questionnaires were sent in large batches, many of 30 or more. These were submitted by some of the podiatry clinics where podiatrists were providing patients with a copy of the questionnaire and collected the responses to be submitted. Whilst the efforts of podiatrists to raise awareness of the consultation were extremely welcome, comments from many patients suggested that they did not have the information needed to enable them to make an informed response. Some comments received also stated that they had not been given a copy of the consultation document with the questionnaire.
- There is an indication that some respondents may have misunderstood the information, as comments were received referring to the service no longer being available to people with certain conditions such as diabetes, rheumatoid arthritis and poor eye sight – these patients will continue to receive the same level of service. It should be noted that there may be a number of other respondents who have misunderstood the proposals on this basis, but it is not possible to identify the actual number.
- In reviewing the responses and analysing the comments and source of these, there is an indication that some of the respondents may have been encouraged to respond in a certain way, without being given all of the information or documentation. It is not possible or acceptable to discount any such responses, however it should be taken into account that both the quantitative and qualitative information resulting from the consultation could contain a significant number of responses based on minimal or potentially false information about the proposals.

Next steps

A series of executive briefings will now be held with the CCGs' clinical and executive leadership teams to enable them to consider fully the responses to the consultation outlined in this report and discuss how the responses will influence the recommendations that are put to the CCGs' Governing Bodies on 30 July.

Appendix 1 –Stakeholder mapping

Audience	Status	Activity/ requirement	Outcome	Mechanism/ purpose	Owner	Evidence	Applicable service
Existing users & family	Partner	Advise of service re-design and involve in development of proposals	Active involvement	Face to face briefings and involvement	NHFT Service Manager/ project lead	Services users feel involved and able to influence Feedback and views recorded and used.	RR CP HF ASB
Favell House user management group	Partner	Involve in proposal development	Active involvement	Direct engagement – representative to be invited to join steering group Co-design of communications and consultation materials	Project lead/GEM GEM	Meeting notes, recorded feedback, evidence of influence	RR
FH Staff and volunteers	Partner	Advise of service re-design and involve in development of proposals	Involved/ informed	Internal NHFT staff engagement mechanisms/team meetings	NHFT Service lead	Meeting notes	RR

OSC	Involve	Briefing on proposed approach and planned consultation Briefing on outcome of consultation	Assurance and scrutiny	Written briefings/meetings. Attendance at full scrutiny committee	GEM/project lead	Committee mtg minutes stating approval/recommendations	RR CP HF ASB
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Audience	Status	Activity/requirement	Outcome	Mechanism/purpose	Owner	Evidence	Applicable service
Patient/VCS interest groups	Partner	Continued involvement in consultation	Active involvement	Direct engagement and individual briefings – planned user involvement for consultation	GEM/project lead	Meeting notes and recorded feedback and recommendations	RR CP HF ASB
MPs	Involve	Following post-purdah briefing, keep informed of progress and outcome of consultation	Assured and involved	Written follow-up briefings	Project lead/GEM support	Minutes of meeting Copies of communications and record of MP responses	RR CP HF ASB

Referrers into service	Involve	Referrers given opportunity to respond to consultation proposals	Informed and involved	Written communication to inform of service review	NHFT service lead	Recorded feedback and meeting notes	RR CP HF ASB
NHFT relevant service leads TBC	Involve	Briefings	Informed	Existing NHFT internal	NHFT service lead	Record of meetings and feedback	RR CP HF ASB

Audience	Status	Activity/ requirement	Outcome	Mechanism/ purpose	Owner	Evidence	Applicable service
NHS England/LAT	Inform	Briefing of activity to date, including co-production of proposals and consultation planning	Assured and aware of appropriate approach	Written briefing	Project lead	Briefing provided and written acceptance of approach and proposals	RR CP HF ASB
Patients and Public	Involve/Consult	Full and wide consultation offering general	Patient and public able to give feedback	Engagement plan available – inclusive of localities across	GEM/ALL	Engagement plan implemented Feedback and responses	RR CP HF ASB

		public opportunity to respond	and influence	Northamptonshire, encompassing existing mechanisms		collated and reported	
Acute trusts	Consult	Key acute trust staff aware of consultation and able to respond	Relevant acute staff respond to consultation	Existing acute comms mechanisms	GEM	Communications sent. Responses received and recorded	RR CP HF ASB

Audience	Status	Activity/ requirement	Outcome	Mechanism/ purpose	Owner	Evidence	Applicable service
HealthWatch	Partner	Ongoing involvement in consultation activities Briefing on outcome of formal consultation	Assurance and support	Managerial briefing Formal presentation to HW Board	GEM Project lead/Chief Commissioning officer	Meeting notes Board notes explicit acceptance	RR CP HF ASB
Podiatry service staff	Partner	Ongoing involvement of consultation	Involved/ informed	Internal NHFT staff engagement mechanisms/team meetings	NHFT Service lead	Meeting notes	CP

Local Authority service leads/ Commissioners (to be identified)	Involve	Inform of service review and approach	Informed/ Involved	Briefing meeting	Project lead	Notes of outcome of meeting NCC supportive of work and emerging proposals	RR CP HF ASB
Local Media	Inform	Briefings and media release with option for interview	Inform	PR - accurate key messages and lines separate media plan required	GEM/clinical lead spokesperson	Accurate reporting of key messages, PR released	RR CP HF ASB
EMAS	Inform	Written briefings	informed	Key staff aware and informed	GEM	Briefings produced	RR CP HF ASB

Appendix 2 - Response to Overview and Scrutiny Committee

Response to Health Overview and Scrutiny Committee Report of 8 July 2013

Response to Health Overview and Scrutiny Committee Report of 8 July 2013

<p>Following the two meetings the Northamptonshire Overview and Scrutiny Committee made the following observations and recommendations:</p>	<p>The responses of the commissioners to these are:</p>
<p>1. That the Committee acknowledges that the proposed change to access to community podiatry services will not result in a loss of service to service-users in high- or medium-risk categories.</p>	<p>Nene and Corby CCGs are committed to ensuring that those patients who have medium and high level care needs can continue to access a fast, responsive and quality service that meets their clinical needs. These changes will not impact on the availability of services for patients in the high and medium risk categories. In view of the increasing elderly population and projected prevalence of diabetes in the county, commissioners will need to ensure that available resources are increasingly focussed on medium and high risk patients.</p>
<p>2. That the Committee acknowledges that the final decision on future access to community podiatry services taken by the CCGs will include consideration of alternative options beyond the two options of maintaining the status quo and encouraging non-clinical podiatry care provision for people assessed as low-risk.</p>	<p>We have listened to the feedback from the public, staff and patient group representatives within the consultation process and have modified our proposals. In order to protect vulnerable groups we are no longer intending to cease provision for all low risk podiatry patients . Further work is now underway with users and providers of the service to develop clinical criteria to support the identification of those who will continue to be eligible for low level podiatry interventions.</p>
<p>3. That the Committee recommends that if proposals involving the use of non-clinical</p>	

<p>podiatry care provision for people assessed as low-risk are presented to the CCGs for agreement they must recognise and make arrangements to address the following risks:</p>	
<p>(a) Concerns about the affordability of podiatry services delivered by private-sector providers, particularly for people on a low income;</p> <p>(b) Concerns about the consistency of the standard of service delivered by private-sector providers;</p> <p>(c) Concerns that if people assessed as low-risk are unable or unwilling to access non-clinical podiatry care services it could result in their needs remaining untreated, causing their wellbeing to be affected and ultimately increasing demand on more intensive NHS services.</p>	<p>a) We note the OSC concerns regarding the issue of affordability of private podiatry and recognise that raising the eligibility threshold will result in low risk level patients having to pay for care. There are over 107 registered private podiatrists operating from 66 private podiatry practices within the county and first appointment costs range from £25 to £45. Additionally within Northamptonshire the University of Northampton School of Podiatry operates a social enterprise clinic model that is open to the public. This provides a further opportunity for local development of non NHS podiatry.</p> <p>Costs for first appointments are between £10 - £25.</p> <p>Our initial evaluation of podiatry services in other areas of the country where commissioners have either removed or significantly restricted low risk provision has identified some self-sustaining social enterprise models between NHS and third sector. With partners the CCGs would be keen to support and encourage this model building on the previous collaboration between NHFT and Age Concern and also the training of carers that was undertaken as part of supporting patients with a learning disability.</p> <p>b) Continued professional registration of podiatrists is via registration with their professional body and the Health Professionals Council (HPC). Of the 107</p>

	<p>private podiatrists registered with The Society of Chiropractors and Podiatrists within the county over 90% of them are registered with Health Professionals Council and are required to meet their on-going professional development requirements.</p> <p>c) Through discussions between Nene CCGs Clinical Lead, senior podiatrists within the Community Podiatry Service, NHFT management and commissioning representatives, it has been identified that for those patients who would be directly affected if option 2 were adopted the clinical risk and probability of developing future foot problems is very low and if there were sustained issues around mobility or pain then this would be addressed via Primary Care and other related services such as MSK Physiotherapy as per existing service provision. NHFT senior podiatrists also identified that a large proportion of low risk patients seen by the service require fewer than 2 appointments to address their foot issues, therefore the likely financial impact on patients should they need to pay for treatment would be minimised.</p>
<p>4. That the Committee recommends that the final proposals on community podiatry services presented to the CCGs for agreement must include:</p>	
<p>(a) A robust case for identifying community podiatry services as an area in which savings can be made;</p> <p>(b) A demonstration that a range of alternative options, including maintaining the status quo, have been considered in arriving at the final proposals.</p>	<p>a) We are reviewing all service areas to identify potential savings and the rationale for change in the report to the Governing Bodies demonstrates that the expenditure on low risk podiatry is not provided to treat a medical condition and is therefore regarded as a low priority for therapeutic intervention and NHS funding in the current financial context.</p> <p>b) The CCGs are confident that the recommendations being made to the</p>

	<p>Governing Bodies demonstrate that feedback from the consultation has informed the development of a revised way forward. The CCGs have considered alternative options, including maintaining the status quo. In the light of the consultation feedback, minimal clinical implications of ceasing the low risk level service and the financial challenge faced by the CCGs, and the recommendation to the Joint Governing Bodies is to cease the provision of low risk podiatry services subject to further work with clinicians, patients and stakeholders to agree a set of clinical criteria which will ensure that children and vulnerable groups with specific needs will continue to be eligible for low level podiatry interventions.</p>
<p>5. That the Committee recommends that future public consultations by the CCGs be clearer about being a listening exercise and not just a choice between specified options with no scope for alternatives to be considered.</p>	<p>Whilst only 2 options were proposed In the consultation document it was always the CCGs intention that the further options might emerge during the consultation process. The Committee’s recommendations regarding future public consultations and need for these to include a listening exercise as well as a choice between options are fully accepted by the CCGs.</p>

Appendix 3 – Equality Impact Assessment

Equality Impact Assessment

A. Proposal Title Type (ie policy / strategy / programme)	Community Podiatry- low risk treatments
B. Owner (Post Title) Directorate	Nichola Carter, Assistant Commissioning Manager, Joint Commissioning
C. Aims and Objectives of proposal	This EIA relates specifically to the proposal within the public consultation about the changes to the community podiatry service. The proposal consults on 2 options; option 1-to leave the service unchanged but to risk its sustainability in the longer term, and option 2- to remove low risk level treatments from NHS provision.
D. Groups who the proposal should benefit for example: - Patients -Staff -Other internal or external stakeholders	High and medium risk patients who should be able to access a sustainable service

Assessment Members

This assessment will be published on the website, please insert details of who reviewed the document

Names: Nick Willmore	Designations: Programme Director	Date: 24/07/2013
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Equality Impact Assessment

Step 1 Who should be served by the proposal? What is the identified need?	
<p>Groups who should benefit:</p> <ul style="list-style-type: none"> • Disability- persons with diabetes, neuro-degenerative disease, rheumatoid arthritis and other disabilities. • Carers – carers of patients who have medium and high risk level podiatry needs. <p>Data sources:</p> <ul style="list-style-type: none"> • NHS Northamptonshire: Evidence and literature review, Personal foot health, core podiatry and skill-mix, 28/1/13 • Report of Podiatry Services, L Riddaway, Nene CCG 20/3/13 • The Society of Chiropractors and Podiatrists: A guide to the benefits of podiatry to patient care, 2010 • Foot Care in Diabetes: The Economic Case for Change, M Kerr, Insight Health Economics, March 2012 • NHFT patient experience data (May & November 2012) • JSNA 2009 Executive Summary • Northamptonshire Observatory Carers report 	
<p>Actions</p> <p>Seek data from:</p> <ul style="list-style-type: none"> • Local demographic data- from Northamptonshire Health Observatory • Podiatry service activity • Data for social and economic factors 	
Step 2 Do you have monitoring data?	
<p>Partial</p> <ul style="list-style-type: none"> • NHS Northamptonshire: Evidence and literature review, Personal foot health, core podiatry and skill-mix, 28/1/13 • Report of Podiatry Services, L Riddaway, Nene CCG 20/3/13 • NHFT briefing on EIA data- Of the 9 EDS characteristics, NHFT Community Podiatry only hold data for age, gender and ethnicity. 	

Actions

Seek data from:

- NHFT podiatry satisfaction survey
- Service user profiles

Step 3 Who is using the Podiatry Service?

See above

- The ethnic mix of the podiatry caseload reflects the local population
- Children represent 7% of the caseload
- The over 60 age group account for 63% of the podiatry caseload and the gender split is representative of the local population
- Due to a lack of both baseline and service level data around sex and sexual orientation, marriage and civil partnership, gender re-assignment and race at either Northants Observatory or service level the CCG is unable to draw any conclusions with regards to these groups.

Actions

Requested data from NHFT on

- podiatry service demographic data, to be broken down by the 9 protected EDS characteristics
- NHFT podiatry patient experience data/survey results
- service user profiles

Step 4 What evidence do you have that the Podiatry Service is accessible equitably to all groups taking into account protected characteristics

Current service

- LD clients- Evidence of referrals from LD teams into the service, discussed with LD team at Nene CCG how clients with an LD access podiatry care, there has been investment in the provision of foot care training for carers of people with a learning disability with low risk podiatry needs.
- Traveller community access- there is no data to show if the Traveller, Roma, and Gypsy communities are under or over represented in the service caseload. As a 'hard to reach group' with generally overall worse health outcomes and lower life expectancy consideration needs to be given as to the specific needs of this group.
- Patient experience questionnaire data suggests that the apparent ethnic composition of the service is consistent with the county's

ethnic make up

- Over 60yr old population account for 63% (NHFT data) of caseload with a roughly equal gender split. Age UK local branch and national made aware of consultation and have publicized on their website
- Children and Young People- account for 7% of caseload (NHFT data), mainly in Short Course of Treatment and Nail Surgery.

Post-Proposal:

- Transcripts of patient focus group 23/4/13 held to discuss the content of the consultation and seek views from current podiatry patients.
- Referral source data from Liz Mathers showing which services have referred to Community Podiatry in the last 4 months

Actions

Step 5 What action have you taken to ensure that Podiatry Service users are all served equitably?

Consultation

- Proposal to remove treatments for low risk patients from the local NHS provision does not directly discriminate against any of the 9 EDS characteristics.
- Full public consultation- see Commissioning Intentions Stakeholder Engagement Plan
- Consultation is available in other languages and formats upon request
- Over 140 local specialist interest/voluntary groups contacted to advise that there is a public consultation on this subject
- 2 staff briefing events held that were attended by commissioning representative
- Patient focus group held prior to release of consultation to garner views on proposals
- Independent review of consultation findings

Proposals

- Indirect discrimination risk-Elderly low risk level patients who have previously accessed the Volunteer Car Scheme or claimed back the cost of public transport to attend podiatry appointments would be disadvantaged as they would not be able to utilize the Volunteer Car Scheme to attend private podiatry appointments or to claim back the costs of public transport.
- Indirect discrimination risk- low risk level patients with low level bio-mechanical or mobility issues who are not currently registered disabled or do not currently consider themselves to be disabled.
- Indirect discrimination risk- elderly low risk level patients who are of low income who may not be able to afford regular podiatry or perform self-care.
- Indirect discrimination risk- Children with no underlying medical condition who have foot pain or other podiatry issues. Option 2 may indirectly discriminate on the grounds that the withdrawal of podiatry for low risk level children may adversely affect their future mobility.

<p>Actions</p> <ul style="list-style-type: none"> • Children’s access to service- review current services provided for Children and Young People to ascertain potential alternative pathways for foot care and/or podiatry provision. • Seek views from carers of people who access community podiatry- identify risk level of patient cohort and effect on carers if service is withdrawn for low risk level cohort. • Review public consultation feedback and comments to identify any further protected characteristics groups that may be disadvantaged.
<p>Step 6 Based on the evidence gathered in Steps 2-5, have you identified any potential differential impact for any groups covered by a protected characteristic (including any Human Rights issues)?</p>
<p>Yes, please see above</p>
<p>Step 7 Is the differential impact as a result of indirect or direct discrimination?</p>
<p>Indirect discrimination potential.</p>
<p>Actions</p> <ul style="list-style-type: none"> • Review current arrangements for volunteer car scheme to see if contract variance is possible • Review current provision of services for children and young people to ascertain if alternative pathways provide or could provide foot care/podiatry treatment. • Request NHFT to provide number of low risk level patients who are over the age of 60yrs. • Request NHFT to provide case load breakdown of low risk level patients by reason for referral.
<p>Step 8 Consider alternatives (Proposing actions)</p>
<ul style="list-style-type: none"> • EDS monitoring data- raise issues regarding service transparency with NHFT via Contract Review Meetings (actioned for forthcoming Contract Review Meetings) • Investigate voluntary provision of transport services for elderly persons (via 3rd sector) • Investigate alternative pathway provision for protected groups who may be disadvantaged by the proposal option 2 • Review public consultation feedback and comments for evidence of discrimination against protected characteristics groups.
<p>Actions</p>
<p>Step 9 Describe the consultation and engagement undertaken with stakeholder groups.</p>
<p>Pre-consultation phase:</p> <ul style="list-style-type: none"> • Telephone interviews with patient representatives • Patient focus group 22/4/13 • Presented at condition specific events i.e. Stroke Survivors group, Alzheimer’s Group

<ul style="list-style-type: none"> Meeting with service representatives <p>Consultation Phase</p> <ul style="list-style-type: none"> Briefing paper and link to consultation distributed to over 140 3rd sector and special interest groups Planned presentation at Diabetes UK event on 6/6/13 and Learning Disability Rights Charter launch event on 26/6/13 Two Podiatry staff engagement events on 10/5/13 attended by commissioning representative Public consultation meeting 19/6/13 Multiple press releases and coverage in local press and radio MP briefings Information posters for each GP surgery waiting room Communications to Healthwatch, Patient Congress, Health and Wellbeing Board and Overview and Scrutiny Committee Publication of consultation on both Nene CCG and Corby CCG websites <p>Concerns have been raised about the process of consultation by patients and elected representative.</p>
<p>Actions</p> <ul style="list-style-type: none"> Appoint independent reviewer of consultation findings report
<p>Step 10 Decide whether to adopt the proposals Make monitoring arrangements</p>
<p>This will be completed following public consultation phase- 30/7/13</p>

Collate the actions identified and complete the *Equality Impact Assessment Action Plan* below;

Issues identified	Action required to be taken	Target Date	Lead	Update status
Not all 9 EDS protected characteristics data is collected by podiatry provider so am unable to comment on all of the 9	<ul style="list-style-type: none"> Request information from NHFT as to their plans for recording all 9 characteristics in pre-contract review meetings 	By end of July	Dinah Sackey	Pre-contract meetings scheduled in for June and July

Characteristics.	<ul style="list-style-type: none"> Seek data from PH Observatory and JSNA to create local baseline 	By June 30 th 2013	Nichola Carter	<p>Data for county population obtained from Northamptonshire Observatory for :</p> <ul style="list-style-type: none"> Ethnicity age gender religion and belief disability pregnancy and maternity <p>Unable to locate for:</p> <ul style="list-style-type: none"> sex and sexual orientation marriage and civil partnership gender re-assignment race
Indirect discrimination of elderly low risk patients	<ul style="list-style-type: none"> Review current arrangements for volunteer car scheme to see if contract variance is possible Establish number of low risk patients who are aged 60yrs or older 	By 23/7/13	Nichola Carter/Kayley Moore/NHFT	Confirmed that Volunteer Car Scheme can be amended to include private podiatry establishments as points of care.
Effect on carers if low level podiatry is withdrawn	<ul style="list-style-type: none"> Seek views from carers of people who access community podiatry- identify risk level of patient cohort and effect on carers if service is withdrawn for low risk level cohort. 	By 23/7/13	Nichola Carter	NC scheduling link in with Carers Federation w/c 15/7/13 S-L Richards took consultation to Carers Week launch
Identify any adverse effects on protected characteristics groups	<ul style="list-style-type: none"> Review public consultation feedback and comments for evidence of discrimination 	By 23/7/13	Nichola Carter/Comms. Team	No new groups identified

	against protected characteristics groups.			
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