Shaping Healthcare in Northamptonshire

Community Podiatry Services

A public consultation

9 May 2013 – 4 July 2013
Foreword
Dr Darin Seiger, GP Chair, Nene Clinical Commissioning Group and
Dr Peter Wilczynski, GP Chair, Corby Clinical Commissioning Group

Welcome to our public consultation about the future of community podiatry services in Northamptonshire.

As GP Chairs for Nene Clinical Commissioning Group and Corby Clinical Commissioning Group, we are pleased to introduce our consultation.

As you probably know, GPs now have a much greater role in ‘commissioning’ or buying local health services. Groups of GPs have formed Clinical Commissioning Groups (CCGs) to do this. Nene and Corby CCGs are responsible for commissioning the majority of health services across Northamptonshire on behalf of the local population.

Since our formation in April last year, we have looked at local services and considered how they are provided. At the moment community podiatry services are provided by Northamptonshire Healthcare Foundation Trust (NHFT).

The service is currently available to people in Northamptonshire on an unrestricted basis; whether or not there is a medical need. This is not sustainable either in the quality of care that is provided or financially and this is what this consultation is about.

We want to ensure that when people need community podiatry services, they receive them as effectively as possible. We also want to work with the providers of podiatry services to ensure that care is available to all those that need it, wherever they live in Northamptonshire, and where possible to bring services closer to home.

Please take a few moments to read this document, and then fill in the questionnaire and let us know what you think. If you can, you may also like to attend one of the public meetings we are attending – details are on page 11 of this document.

We look forward to hearing from you.

Best wishes,

Dr Darin Seiger
Nene CCG Chair

Dr Peter Wilczynski
Corby CCG Chair
Introduction

This document gives you the background to our public consultation about the community podiatry services in Northamptonshire.

Community podiatry services currently provide care for individuals in Northamptonshire. We have developed proposals about how people could receive these services in the future and would like to understand what local people think about these proposals.

Following assessment by the ‘commissioners’, or purchasers of the service, Nene and Corby Clinical Commissioning Groups along with Northamptonshire Healthcare NHS Foundation Trust (NHFT), propose to change the way that low, medium and high risk patients needing podiatric care are cared for. We believe this will produce a sustainable service for the local population who currently use the service as well as for people who may need to use the service in the future.

Please take a few moments to read through this document, and then to answer the questions at the end.

The information and questionnaire contained in this document are also available online at [www.neneccg.nhs.uk](http://www.neneccg.nhs.uk) or [www.corbyccg.nhs.uk](http://www.corbyccg.nhs.uk)

### Community podiatry services, Northamptonshire

Community podiatry services are provided at

<table>
<thead>
<tr>
<th>Location</th>
<th>Type of Service</th>
<th>Days</th>
<th>Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Battle House, Northampton Gen Hospital Billing Road Northampton NN1 5BD</td>
<td>Specialist Clinics, ie diabetes, rheumatology and specialist surgical footwear, podiatric surgery</td>
<td>Mon-Fri</td>
<td>9 - 5</td>
</tr>
<tr>
<td>Weston Favell Health Centre Billing Brook Road Weston Favell Northampton NN3 8DW</td>
<td>*Community podiatry Diabetic Foot Protection Programme (DFPP)</td>
<td>Mon-Fri</td>
<td>9 - 5</td>
</tr>
<tr>
<td>St James Clinic 116 St James Road Northampton NN5 5LQ</td>
<td>*Community podiatry (DFPP)</td>
<td>Mon-Fri</td>
<td>9 - 5</td>
</tr>
<tr>
<td>Kingsthorpe Health Centre Welford Road Kingsthorpe Northampton NN2 8AG</td>
<td>*Community podiatry (DFPP)</td>
<td>Mon-Fri</td>
<td>9 - 5</td>
</tr>
<tr>
<td>Location</td>
<td>Type of Service</td>
<td>Days</td>
<td>Times</td>
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<tr>
<td>----------</td>
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</tr>
<tr>
<td>Camp Hill Health Centre</td>
<td>*Community podiatry (DFPP)</td>
<td>Mon-Fri</td>
<td>9 - 5</td>
</tr>
<tr>
<td>Hunsbury Hill Road Camp Hill Northampton NN4 9UW</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brackley Health Centre</td>
<td>*Community podiatry (DFPP)</td>
<td>Tues Weds Thurs</td>
<td>9 - 12 1.30 – 5.00 9 - 5</td>
</tr>
<tr>
<td>Halse Road Brackley Northants NN13 6EJ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Lane Clinic British Lane Kettering NN16 0DM</td>
<td>*Community podiatry Specialist rehabilitation/footwear (DFPP)</td>
<td>Mon-Fri</td>
<td>9 - 5</td>
</tr>
<tr>
<td>Castle Unit Isebrook Hospital Irthingborough Road Wellingborough NN8 1LP</td>
<td>*Community podiatry (DFPP)</td>
<td>Mon-Fri</td>
<td>9 - 5</td>
</tr>
<tr>
<td>Rectory Road Clinic Rectory Road Rushden NN10 0AE</td>
<td>*Community podiatry (DFPP)</td>
<td>Mon-Fri</td>
<td>9 - 5</td>
</tr>
<tr>
<td>Greenhill Rise Podiatry Clinic Greenhill Rise Corby NN18 0PD</td>
<td>*Community podiatry (DFPP)</td>
<td>Mon-Fri</td>
<td>9 - 5</td>
</tr>
<tr>
<td>Danetre Hospital London Road Daventry NN11 4EJ</td>
<td>*Community podiatry (DFPP) Diabetes Outreach Service</td>
<td>Mon-Fri</td>
<td>9 - 5</td>
</tr>
<tr>
<td>Towcester Health Centre Swinneyford Road Towcester NN12 6HD</td>
<td>*Community podiatry (DFPP)</td>
<td>Mon-Fri</td>
<td>9 - 5</td>
</tr>
</tbody>
</table>

* Specialist clinics are held in these sites according to local need

Satellite clinics are also located at:

- Burton Latimer Health Centre
- Denton Surgery
- Thrapston Health Centre
- Oundle Health Centre
- Wansford Surgery
- Princess Marina Hospital
- Raunds Medical Centre
- Rothwell Medical Centre
- Long Buckby
- Bugbrooke GP Practice
- Guilsborough Surgery

Services provided include:

- Core Podiatry including skin pathologies, foot pain, nail surgery
- Services for patients with diabetes
Currently, users of podiatry services can self-refer or be referred through their GP, hospital consultant or other healthcare professional, irrespective of the level of care that they need. Treatment can only be received at the locations listed above. This is due to the need for specialist clinic equipment to enable care to be provided and the risk of infection reduced. A small domiciliary podiatry service is in operation for medium and high risk patients who are bed or housebound.

A clinical evaluation, by the Northamptonshire Healthcare NHS Foundation Trust (NHFT) shows us that 14% of users of the service are considered to be ‘low risk’. This means that they do not require the specialist treatment received by ‘high risk’ and ‘medium risk’ users of the service.

What are the risk levels?

The risk level categories are based upon the level of clinical need and any underlying medical conditions. Examples of this might include:

<table>
<thead>
<tr>
<th>High Risk</th>
<th>Medium Risk</th>
<th>Low Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foot pain plus</td>
<td>Foot pain plus</td>
<td></td>
</tr>
<tr>
<td>Patients with diabetes</td>
<td>Patients with a stable rheumatologic condition</td>
<td>Patients with foot pain but no related underlying medical conditions</td>
</tr>
<tr>
<td>Patients with an unstable rheumatologic condition</td>
<td>Ulceration</td>
<td>Low risk nail surgery i.e. in-growing toe nail</td>
</tr>
<tr>
<td>Patients with a long term neurological condition i.e. MS, Parkinsons’ Disease</td>
<td>Long term nail and skin care for patients with high risk unstable conditions</td>
<td>Short courses of treatment for skin problems such as bunions, corns or callouses</td>
</tr>
<tr>
<td>Patients with vascular disease peripheral neuropathy or peripheral arterial disease</td>
<td>Patients with a stable neurological condition</td>
<td>Musculo-skeletal services eg heel pain, arch or top of foot pain</td>
</tr>
<tr>
<td>Patients with an underlying medical condition</td>
<td>Elderly patients with other co-morbidities</td>
<td>Patients with foot pain and a low risk of falls</td>
</tr>
<tr>
<td>Patients with unstable tissue viability issues</td>
<td>Patients with poor circulation</td>
<td>Persons with foot pain and a mild learning</td>
</tr>
<tr>
<td>Persons with a profound learning disability</td>
<td>Persons with a moderate to severe learning disability</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>--------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>disability, with no physical foot deformities or underlying medical conditions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Specific low risk level podiatry treatments and interventions may include:

<table>
<thead>
<tr>
<th>The types of clinical condition that could no longer be seen</th>
<th>Types of pathologies that could no longer be seen and types of treatment no longer given</th>
</tr>
</thead>
</table>
| **MSK /Simple Biomechanical conditions**  
Assessment of structural and functional/gait abnormalities | Simple foot pain with associated skin pathology including painful corns and callus.  
Foot deformities i.e. hammer toes and bunions  
Limb Length discrepancy.  
Heel pain, arch pain, metatarsalgia  
Simple foot orthoses, basic insoles or functional foot orthoses will no longer be provided. |
| **Dermatological conditions** | Skin pathology including painful corns and callus, verrucae, fungal nail conditions |
| **Nail pathologies** | In growing toe nails requiring nail surgery, painful nail pathologies, simple and gross thickening  
Involution, mycotic and thickened toe nails. |
| **Long term conditions** | Where the risk of foot ulceration and infection is low, e.g. falls prevention, osteoarthritis, CVA |
| **Corns, callus/ fissure**  
Nail care where a person is unable to self care | Simple foot pain with associated skin pathology including painful corns and callus. Simple nail care where a person is unable to self care.  
Self help advice and foot health education  

**Nb. This is where there are no co-morbidities of long term conditions with foot health risk i.e. neuropathy, peripheral arterial disease, diabetes and inflammatory arthropathies requiring disease modifying** |
Why do we want to change this service?

There are a number of reasons why we believe a change in the service could enhance the overall experience of people needing podiatry services:

1. The clinical needs of individuals in Northamptonshire are assessed by the community podiatry service. As part of this consultation we will clearly define the difference between low, medium and high risk services or needs.
2. ‘Low risk’ patients could purchase podiatry services from non-NHS providers closer to their home.
3. The needs of medium and high risk patients can continue to be met within a sustainable service.

It is important to stress that under our proposals all patients would receive an assessment to ensure that they receive care appropriate for their needs.

What are we proposing to change?

We believe that patients would receive a better experience if we could offer:

1. A review of the current pathway, or process by which people are diagnosed and how their care is managed.
2. To work with alternative providers of ‘low risk’ care to identify alternative care in the community, including the AGE UK service, private providers, social enterprises and training of formal carers.

Initial cost appraisal

The cost of providing a community podiatry service for patients in Northamptonshire is based on either a combination of packages of care or the cost of an individual consultation. Some patients may require fewer treatment visits than is included in the cost of a care package, and some may require more, regardless of the cost of the package. The costs range from £21.75-87.00 per session depending on the amount of care required.

Through the changes we propose to make, we have no doubt that the experience of care would be enhanced by offering patients a broader choice of where they can receive care and increasing the numbers of people who can access a service in Northamptonshire, subject to low risk patients funding their own treatment. However, we would also like you to consider the cost benefit these changes would bring to ensure you have the full picture.

A number of low risk individuals could be managed outside of NHS funded care at a lower cost than the current provision from NHFT.
What else will be impacted if we make these changes?

Aside from the elements outlined above there will be some other impacts that you will need to consider if we make these changes.

**Identifying alternative care for patients at ‘low risk’**
A procurement exercise was carried out in 2012 that appointed NHFT to provide community podiatry services. Should alternative services for ‘low risk’ patients not go ahead, this would result in an increased cost that cannot be sustained and supported by the commissioners.

**NHS funding for ‘low risk’ patients**
Many ‘low risk’ patients currently receive NHS funded care. From an initial assessment we would expect that more patients would be considered to be ‘low risk’ and therefore not need to be funded by the NHS. Where patients are assessed and found to be “low risk”, information would be provided to support patients in choosing a suitable alternative pay-to access provider.
The options that we would like you to consider

Option 1 – Status quo, i.e. leave things as they are

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 'Low risk' patients who are currently funded by the NHS would continue to be funded</td>
<td>• No choice for 'low risk' patients of where they receive their care</td>
</tr>
<tr>
<td></td>
<td>• Potentially, patients could be receiving incorrect levels of care for their needs</td>
</tr>
<tr>
<td></td>
<td>• High cost of care for low risk individuals does not provide value for money</td>
</tr>
<tr>
<td></td>
<td>• Using capacity and resources for low risk patients reduces access for those with a more pressing clinical need for care.</td>
</tr>
</tbody>
</table>

Option 2 –
- Clearly define the difference between low, medium and high risk services or 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.

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide choice of where to access the service</td>
<td>• 'Low risk' patients would not be funded by the NHS</td>
</tr>
<tr>
<td>• Review of process to diagnose and manage conditions needing podiatry services to remove unnecessary delays and improve quality of life for ‘high risk’ individuals</td>
<td>• This is only made possible by the reduction in cost of existing service</td>
</tr>
</tbody>
</table>
**Equalities impact assessment**

We will now do a full impact assessment and we will make sure that the equality implications will be considered at all stages of the consultation process. We will engage with communities and representatives of the different strands of diversity with the support of our equality and diversity colleagues.

**Next steps**

We would like you to think about these options, and then let us know which one you prefer and provide any other comments you may have. Please complete the questionnaire, and return to us by 4 July 2013. You can complete it online at [www.neneccg.nhs.uk/current-consultations](http://www.neneccg.nhs.uk/current-consultations) or [www.corbyccg.nhs.uk/current-consultations](http://www.corbyccg.nhs.uk/current-consultations) other options are outlined on page 16.

There will be a number of meetings in Northamptonshire where you can meet us and talk to us about our plans. They are listed on page 11.

Once the consultation is over, we will gather all the feedback, and use it to help us make our final decision. That decision will be based on the feedback received as part of the consultation and on the other clinical, quality and economic factors we have described in this document. We will continue to involve partners and members of the public in any subsequent implementation and planning phase.

The consultation lasts for eight weeks and ends on 4 July 2013.

Once the consultation is over, we will gather all the feedback, and use it to help us make our final decision. That decision will be based on the feedback received as part of the consultation and on the other clinical, quality and economic factors we have described in this document. We will continue to involve partners and members of the public in any subsequent implementation and planning phase.
List of meetings where these proposals will be discussed

Please note that for an up to date listing and confirmation of dates and times for events, meeting or workshops, please visit www.neneccg.nhs.uk/current-consultations or www.corbyccg.nhs.uk/current-consultations

Meetings confirmed for June:

- Wednesday 19 June 6-7.30pm **Podiatry Consultation Public Meeting** Francis Crick House, Summerhouse Road, Northampton. To book a place email involvement.nene@nhs.net or call 01604 651744

We will also be engaging with the following groups:

- MS Society Northamptonshire
- Arthritis Society Northamptonshire
- Age UK Northamptonshire
- Diabetes UK Northamptonshire
- Deaf Connect
- Northamptonshire Association for the Blind (NAB)
- Stroke Association
- Northamptonshire Carers
Questionnaire – your feedback

Section 1 – Services

Question 1: The options

Which option do you prefer? Please tick one.

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

☐ Option 2 –
  • 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.

Section 2 – Additional questions

Question 2: Access to community podiatry services

☐ I think all levels of community podiatry services should be funded by the NHS
☐ 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

Question 3: The consultation

Overall, how do you feel about the way you have been consulted and the level of information that you have been provided with?

☐ Very satisfied ☐ Quite satisfied ☐ Neither satisfied nor unsatisfied
☐ Quite unsatisfied ☐ Very unsatisfied

Question 4: Are there any other comments that you wish to feedback in reference to this consultation?

____________________________________________________________
____________________________________________________________
Section 3 - About you

Please complete as much of the information about yourself as you feel comfortable with, as this will help us understand who is taking part in the consultation. The information you provide will be kept in accordance with the terms of the Data Protection Acts 1998 and 2000 and will be used for monitoring purposes.

Question 5:
If you are filling this in on behalf of an organisation, please state which one:

____________________________________________________________

Question 6: Gender

☐ Male
☐ Female
☐ Transgender

Question 7: Age group

☐ Under 16
☐ 16 to 24
☐ 25 to 34
☐ 35 to 59
☐ 60 to 75
☐ 76+
☐ Prefer not to say

Question 8: Ethnic group

White

☐ British
☐ Irish
☐ Traveller
☐ Prefer not to say
☐ Any other background, please specify

Mixed

☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Any other Mixed background, please specify
Asian or Asian British
☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Any other Asian background, please specify
________________________________________

Black or Black British
☐ Caribbean
☐ African
Any other Black background, please specify
________________________________________

Chinese
☐ Chinese

Other ethnic group
☐ Any other ethnic group, please specify________________________________________

☐ Prefer not to say

Question 9: Do you consider yourself to have a disability?
☐ Yes
☐ No
☐ Prefer not to say

If yes, please tick all which apply
☐ Physical
☐ Partial or total loss of vision
☐ Learning disability/ difficulty
☐ Partial or total loss of hearing
☐ Mental health condition or disorder
☐ Long standing illness or disease
☐ Speech impediment or impairment
☐ Other medical condition or impairment, please specify
________________________________________

Question 10: Sexual orientation
☐ Bisexual
☐ Heterosexual
☐ Gay
☐ Lesbian
☐ Other, please specify
________________________________________

☐ Prefer not to say
Question 11: Religion and belief

☐ No religion
☐ Bahia
☐ Buddhist
☐ Christian
☐ Hindu
☐ Jain
☐ Jewish
☐ Muslim
☐ Sikh
☐ Other, please specify

☐ Prefer not to say

Question 12: First four letters/numbers of postcode (we will not be able to identify your address from this but it helps us understand approximately where replies are from)

To take part in the consultation, you can:

Log on to www.neneccg.nhs.uk or www.corbyccg.nhs.uk to feed in your views online

Email involvement.nene@nhs.net

Call 01604 651100 to speak to a member of the engagement team

Send this questionnaire or write to:
Joint Commissioning Team
Nene and Corby CCGs
Francis Crick House
Summerhouse Road
Northampton
NN3 6BF

Please note, the closing date for responses is 4 July 2013.
Any queries
If you have any questions or would like more copies of this document, please contact the communications and engagement team in the first instance on 01604 651100.

Please contact us if you would like this document in a different format or translated into a different language.

Publishing the results
The result of this public consultation will be published on Nene and Corby CCGs’ websites in August 2013.

The feedback we receive will be used to inform the final decision making on the future of community podiatry services in Northamptonshire.

Cabinet Office Code of Practice on Consultation
The key consultation principles outlined in the code of practice are:

1. Departments will follow a range of timescales rather than defaulting to a 12-week period, particularly where extensive engagement has occurred before.
2. Departments will need to give more thought to how they engage with and consult with those who are affected.
3. Consultation should be ‘digital by default’, but other forms should be used where these are needed to reach the groups affected by a policy.
4. The principles of the compact between government and the voluntary and community sector will continue to be respected.
5. The new consultation principles will be promoted within Whitehall now, and the public will begin to see the new guidance take effect in early autumn 2012.