

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 6
21 JANUARY 2019	PUBLIC REPORT

Report of:	Cambridgeshire and Peterborough Foundation Trust	
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PODIATRY SERVICES ESTATES CHANGES

R E C O M M E N D A T I O N S
<p>It is recommended that the Health Scrutiny Committee:</p> <ol style="list-style-type: none"> 1. <i>Review and support the rationale for the changes to the Podiatry Service</i> 2. <i>Review and support the engagement plan for these changes.</i>

1. ORIGIN OF REPORT

1.1 The Health Scrutiny committee requested this report.

2. PURPOSE AND REASON FOR REPORT

2.1 To seek scrutiny and support for the Podiatry Engagement plan.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council - Public Health and Scrutiny of the NHS and NHS providers.

2.3 The corporate improvement plan is focused on continuous quality improvement. The Podiatry service review is focused on how to use the limited resources to provide both efficient and effective treatment.

2.4 Around 10% of our caseload are patients under 18yr. These patients access the service through the same method as adults, with the predominant referral source GP's. The patient engagement for children will be within the general engagement plan through direct contact with the patients and their GP's.

3. BACKGROUND AND KEY ISSUES

3.1 Currently within Podiatry services, provision is spread across 37 sites, which has been in situ since transfer to CPFT in 2014. Within the service it has become increasingly challenging to maintain the workforce to cover the number of sites. Recent extension of Podiatry services through STP, and normal turnover has put a strain on an already difficult to recruit to profession. Many internal steps have been taken to address this but the number continues to be a risk and challenge to a safe and responsive provision.

Some of the clinic rooms are only used one day per week. This limits choice of appointments for service users. If rooms are only available for limited days due to sharing with other services,

rebooking clinics can be difficult and often leads to delays for service users or the need to travel to an alternate site. The same problem can occur where the demand exceeds the capacity for a particular site where additional room sessions are not available.

Having multiple sites with reduced capacity also makes provision of cover for sickness etc. challenging resulting in clinics having to be cancelled. Cancellation of clinics results in delays in receiving treatment for the service users, most of whom are at high risk of developing severe foot problems eg. foot ulceration, infection through non-detection which can lead to hospitalisation due to deteriorating foot health.

The current fragmented model results in many podiatrists lone working and has implications to the number of band 5 staff members we can recruit in relation to support and ensuring safe care is provided, this also reduces staff development opportunities.

Consolidating sites would enable more efficient use of room space. Where cover is required for sessions in multi- chair clinics there will be scope/ flexibility to see extra patients, lessening the number of appointments needing to be cancelled and thus maintain quality of service and reducing delays for service users in receiving the treatment they require and enable us to address the issues around only recruiting B5 staff locally.

The service has recently started to extend its hours of working to improve access for patients in terms of availability of appointments and to facilitate people with getting help to travel to clinics. In order to ensure staff and patient safety, this can only be offered at sites where there are others also doing extended hours.

4. CONSULTATION

- 4.1 A 6-8 week public engagement is planned to start in January, details of plan are included in the Annex.

5. ANTICIPATED OUTCOMES OR IMPACT

- 5.1 Concerns may be raised over the accessibility of service users who live in more rural areas, or those vulnerable service users that are not able to travel to clinic.

6. REASON FOR THE RECOMMENDATION

- 6.1
- More efficient use of room space and equipment
 - Reduced infrastructure and operating costs
 - Improve clinical environmental quality
 - Improve access to appointments – more days, extended hours
 - Less time lost for staff travel
 - Service continuity – less cancelled appointments, less delays for service users, better outcomes, more efficient service delivery and reduced waiting times.
 - Less lone working – improve staff and service user safety, improve staff working life ie: increased peer support resulting in reduce stress / sickness
 - Where multi chair clinic: -, access to specialists ‘one stop shop’, increase use of skill mix, opportunity for learning and development

7. ALTERNATIVE OPTIONS CONSIDERED

- 7.1 List here alternative options considered and rejected and reasons for rejection.

8. IMPLICATIONS

Financial Implications

- 8.1 By consolidating clinic locations and relocating smaller clinics into core CPFT clinic locations we can reduce costs that result from renting clinic spaces from externally owned buildings. There will be reduced costs associated with the maintenance of clinic locations. Additionally there will be reduced staff expenses associated with excess mileage claims due to the reduced amount of travelling staff will be required to do.

Legal Implications

- 8.2 There are none.

Equalities Implications

- 8.3 Equality impact assessments have been completed which highlight possible issues for disabled or elderly service users in relation to clinic access associated with the increasing distances some service users may have to travel. Specialist transport services and the availability of home visits to the most vulnerable service users will reduce any negative impact that these groups may experience out of the reduction in clinic locations.

Rural Implications

- 8.4 Service users situated in rural locations may raise concerns due to potentially increased travelling distances to clinic locations. However, there are a variety of reduced cost community transport services and the non-emergency ambulance transport service which can provide transport to community appointments. There is also the availability for service users to have home visit appointments for those that are not able to travel outside of their home. Public transport services have been investigated and shown to provide services between clinic closure locations and other clinic sites that will remain open.

9. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 9.1
1. Equality Impact Assessment Form
 2. Transport to clinic spreadsheet
 3. Review of patient methods travelling to Podiatry clinic sites

10. APPENDICES

- 10.1
- Appendix 1 – Podiatry Engagement Plan
 - Appendix 2 – Review of patient methods of getting to podiatry clinic sites
 - Appendix 3 – Transport to clinic results
 - Appendix 4 – EIA Relocation

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