

Review of patient methods of getting to Podiatry clinic sites and impact of clinic relocation.

Background

In order to offer patients more flexibility in access to Podiatry services and a higher quality of care in terms of access to equipment and specialists, as well as being part of a wider organisation estates review, proposals are being developed to consolidate clinical sites. One of the impacts of consolidating sites is accessibility to patients in terms of how they get to the clinic. A review of methods used by our patients to access existing clinical sites has therefore been conducted to inform the proposals.

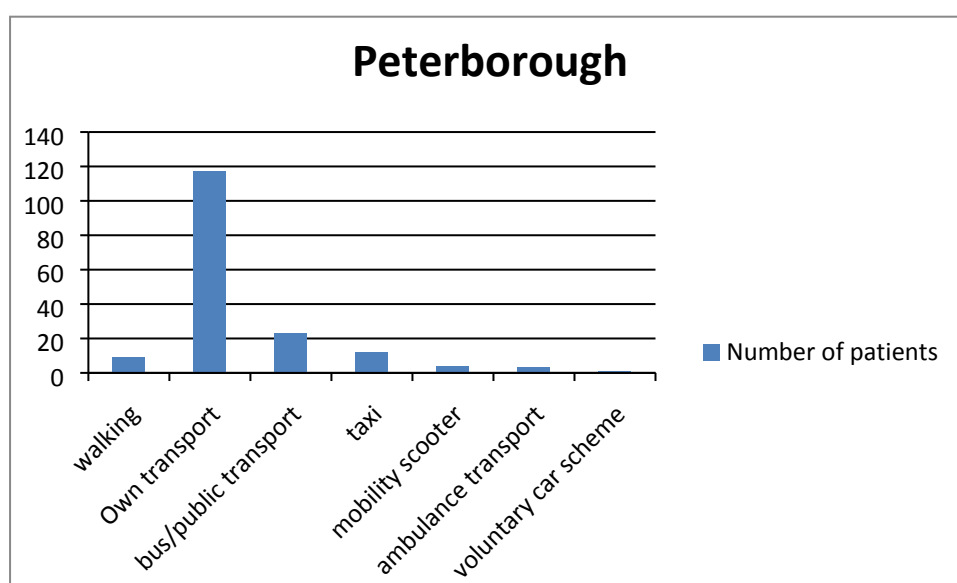
Method

Patients attending the Podiatry service during a 2-week period were asked how they had travelled to the clinic site. The data from each site was then collated into travelling by independent vehicles such as private car, taxi or hospital transport, travelling under their own steam such as walking or mobility scooter, or using public transport.

A review of distances between clinical sites was also carried out and of the bus routes available.

Results

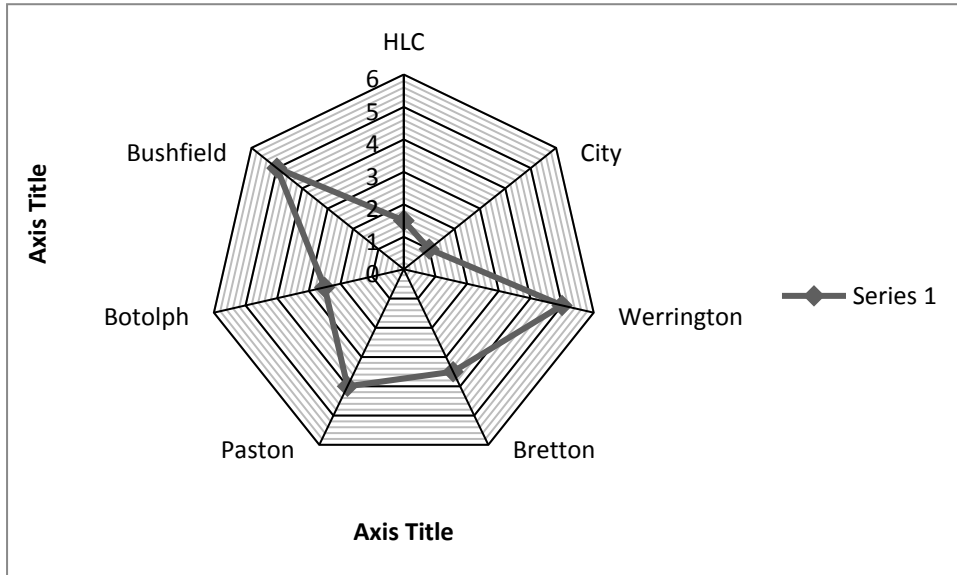
Peterborough



The data was collected at all of the clinics that are proposed for relocation and collated into the above table.

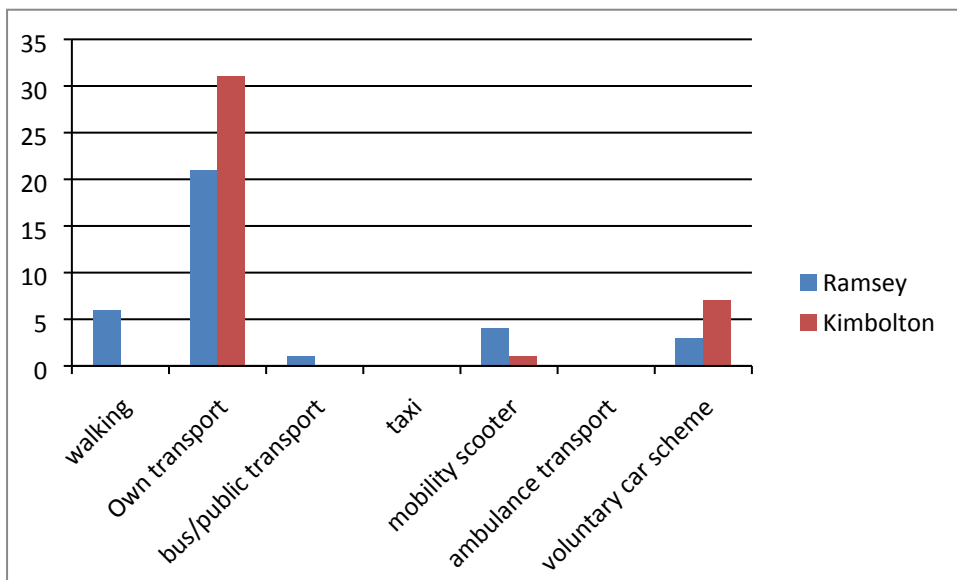
The results showed that 79% of patients travelled by car, be it their own, voluntary or taxi, or ambulance. 7% come to clinic under their own steam i.e. walking or mobility scooter, and 14% use public transport.

Distance to new clinic site:



The existing clinical sites within the central Peterborough locality are within a 5 mile radius of the City Centre.

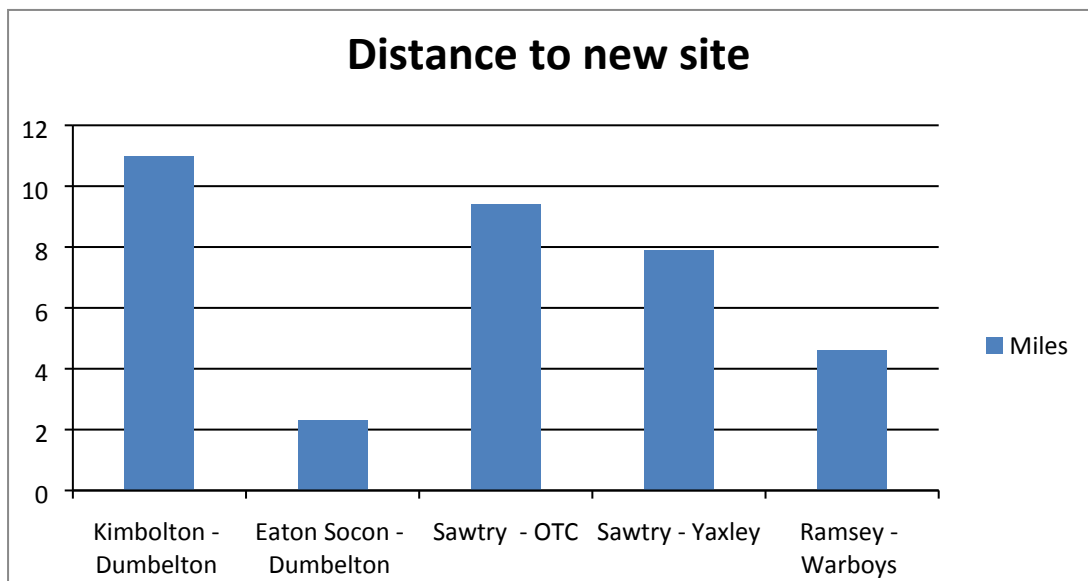
Huntingdon



Data was returned for 2 out of the proposed 4 clinics for relocation.

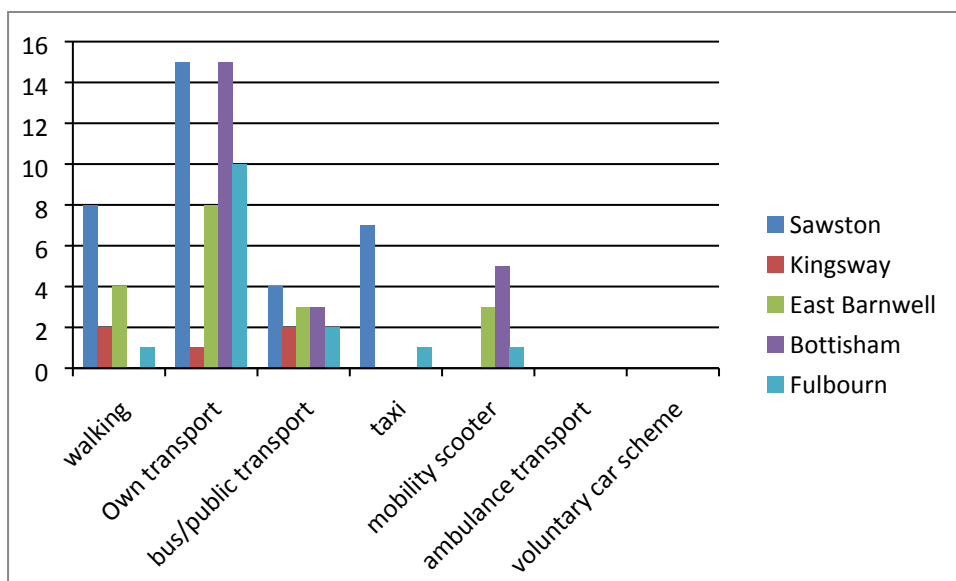
The data varies slightly between the 2 clinics with more patient travelling to clinic under their own steam at Ramsey (28%), but still the predominant method of getting to clinic is by car (69% Ramsey, 98% Kimbolton).

No data was returned for Sawtry or Eaton Socon.



The distances between sites for relocation and the new site vary from 2.3 miles to 11 miles.

Cambridge



There is variation depending on the clinic location and a slightly lower percentage travelling by car (60%), and higher (25%) under their own steam. There is also a similar percentage of people using public transport to Peterborough which is likely to be due to the availability within the City. Notable is the lack of voluntary transport. Investigation into the existence of such schemes in Cambridge and surrounds would need to be undertaken to provide details to patients if changes to clinic locations are made.



The distance varies from 1.3 to 8.1 miles.

Discussion

These results reflect the findings of a previous survey carried out in Peterborough earlier in 2016.

Moving the existing clinical sites to different locations would have the following implications:

Own car/ taxi: This is the most common method for patients to get to their appointment. Distance travelled may increase depending on where the patient lives. This would mean a longer journey for patients and does have some minor implications for cost of fuel and taxi fares, but would not affect the patient's ability to access the service.

The other implication for car users may be parking as some sites have limited parking or there is a cost for parking.

Availability of parking should thus be taken into consideration when deciding on new sites.

Patients are able to claim costs for travel to medical appointments. Historically this is a cost borne by the service for which there is no budget. Claims have however been exceptional, but this may be an option for those who are unable to travel by any other means than taxi but cannot afford additional cost.

Hospital transport: change of site should have no implications for patients using this service apart from potentially a slightly longer journey. The same criteria will be applicable for patient to access this transport so there should be minimal increase in activity / cost.

Walk: Patients who are able to walk to clinic are mobile and should therefore be able to use public transport or other means of transport to get to clinics. The impact is on time taken to get to clinic and potential expense of public transport. However, the majority of patients seen by the Podiatry service are in age groups where they are eligible for free bus passes.

Mobility Scooter: These patients will have differing levels of mobility and may or may not be able to use public or other forms of transport. If they are unable to use public transport due

to mobility issues they could be offered attendance in the transport clinic where hospital transport is provided.

Bus: The ability of these patients to use this form of transport to access a central site is dependent on bus routes. There are bus routes between all of the locations proposed for relocation, though patients may need to get a connecting bus to reach the designated clinic site if they are unable to walk the distance to reach that site.

The main implications on travelling for patients if the Podiatry service was centralised are thus:

Cost – mileage / taxi fare, bus fare if no bus pass, parking fees

Time – increase due to longer journey

Availability of parking.

The impact is minimal on the majority of patients attending the service. To make it easier for patients, information on bus routes and parking should be provided if they do have to change sites.

Changes to working hours of the service now mean that later appointments are available. Nearly half of the patients questioned stated that this would be useful for them. For some of these this may mean that they are able to get help with transport to clinic from family members or friends, thus mitigating for some the impact of travelling to a different clinic site.

Recommendations

Review of the data presented above when deciding on actual site consolidation to estimate actual impact and numbers.

Inform patients of reasons for relocation of services including benefits.

Provide information on site locations, access, bus routes and parking.

Offer individual discussion of needs where the patient foresees issues with travelling to clinic and provide alternative options such as transport clinics.

Good signage at final location(s) to help patients find clinic.

Conclusion

Relocation of Podiatry clinical sites to one or more locations will have a minimal impact for the majority of Podiatry patients. However this process needs to be well managed and options offered on an individual basis to those who may have difficulties travelling to the new site (s).

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