

Podiatry Service

Engagement Document

What is this engagement document about?

The podiatry service run by University Hospitals of Morecambe Bay Foundation Trust (UHMBT) provides a number of services which could be delivered outside the NHS.

In order to meet the highest priority medical needs of the population within the budget we have, it is necessary to consider which services can be provided elsewhere.

In recent years, the podiatry teams have seen an increase in patients with higher needs particularly associated with diabetes and older age. Teams are now carrying out much more complex work than they have in the past. Those patients with high level podiatry needs can experience delays and complications because of the number of patients being referred to the podiatry teams.

As a result, Morecambe Bay Clinical Commissioning Group (CCG) with UHMBT has been exploring options for changing the service to ensure that patients with high medical and/or podiatric needs can be seen appropriately and also that the needs of people with low-level needs are still met.

What do we want to do?

The CCG wants to:

- Improve access and frequency of podiatry appointments for patients with high medical and/or podiatric needs.
- Improve outcomes for patients with diabetes in line with National Institute for Health and Care Excellence (NICE) guidance.
- Provide clearly visible eligibility criteria or access to the service, for example in patient friendly leaflets.
- Provide signposting to other foot care providers who provide lower-level services, where appropriate.
- Promote self-care and self-management.

The link between diabetes and foot problems

Having diabetes means people are at much greater risk of developing foot problems. This is because raised blood glucose can damage the sensation in people's feet and also affects the circulation, which can lead to a reduction in the blood supply to the feet. Without a good blood supply, healing can be delayed or prevented and this can lead to ulceration, infection and amputation. There may be other problems such as cramps and pain in the legs or feet.

Only around half of all diabetic foot ulcers heal within six months. In severe cases, the ulcers can lead to amputation of the affected limb. Amputations are classified as major and minor depending on whether the amputation is above (major) or below (minor) the ankle joint.

One in 17 people in the UK suffer from diabetes and diabetic foot ulcers are common, affecting around a quarter of all patients with diabetes.

There are over 20,000 patients registered with diabetes in the Morecambe Bay CCG population, and it is estimated that around 465 of these patients have diabetic foot ulcers.

In every 10,000 people in Morecambe Bay, 6.1 residents will have major diabetic lower limb amputations; the rate is 19.6 per 10,000 people for minor lower limb amputations.

Diabetic foot care equates to a total annual cost to the CCG that is estimated to be in the region of £7,750,000 comprising:

- primary, community and outpatient care (£5.3m)
- inpatient ulcer care (£2m)
- inpatient amputations (£300,000)
- inpatient procedures on stumps (£17,000)
- post-amputation care (£150,000)

The ongoing cost of providing for social care needs associated with often housebound and/or incapacitated people who have suffered or are suffering from the effects of ulceration and amputation cannot be accurately assessed, although a 2013 report states "By 2030 it is estimated that the number of people in local authority care affected by diabetes will be 130,000 with an associated cost of £2.5 billion".

There is strong clinical evidence that good foot care services can reduce the duration of ulcers and the rates of hospitalisations and amputations. This will improve the quality of people's lives and save money.

NICE recommends that commissioners and service providers should ensure that the following are in place:

- A foot protection service for preventing diabetic foot problems, and for treating and managing diabetic foot problems in the community.
- A multidisciplinary foot care service for managing diabetic foot problems in hospital and in the community that cannot be managed by the foot protection service.
- Clear local pathways for integrated care of people across all settings including emergency care and general practice.

The CCG and UHMBT would like to establish a diabetic footcare service that meets NICE recommendations.

How do we intend to do this?

To create enough capacity in the NHS podiatric service, the CCG and UHMBT need to consider which parts of the current service can be delivered outside the NHS. This will help meet national clinical priorities and expectations for diabetic foot care and growing population demand for more complex interventions within existing resources. It is believed that stopping the provision of the low-risk community podiatry element of service will mean that we can reinvest in the treatment of people with a higher medical or podiatric need. This approach has been effectively implemented in other parts of the country for example Cambridgeshire, North Cumbria and Sheffield. This arrangement also exists in the North Lancashire part of the CCG.

Why are we talking about reducing the numbers of low-risk patients entering the podiatry service?

Across South Cumbria, between 1 April 2018 and 30 August 2019, 8,025 individual patients recorded 32,753 contacts; an average of 4.06 contacts per patient, although 31% of patients were seen only once – for assessment, treatment and/or advice.

Across North Lancashire for the same period, 4,532 patients recorded 16,453 contacts; an average of 3.6 contacts per patient, although only 25% of patients were seen only once for assessment, treatment and/or advice.

In enforcing referral criteria consistently, some people will no longer be accepted by the NHS podiatry service these may include:

- Patients with asymptomatic flat feet;
- Patients with no underlying medical risk factors who request nail cutting only;
- Patients with asymptomatic corns, callus, verruca, and no underlying medical risk factor.

It is estimated that this will reduce the number of people accessing the service by between 6% and 10% and will provide the service with enough capacity to see people with an urgent medical or podiatric need more quickly.

Additional capacity will also be freed up when people are discharged from the service. The budget for the podiatry service will not change; we aim to use the money we already spend to improve outcomes for people with diabetes.

Will people need to pay for the service if it isn't delivered by the NHS?

If people are assessed as not being eligible for NHS podiatry services, we would always encourage people to look after their feet themselves using scissors or clippers. Basic foot care could be provided by a carer or a private provider.

There are non-NHS services available at various prices. Barrow and District Age UK, for example, charges £13 for nail care.

Other providers can be found through:

Age UK – West Cumbria Office: telephone 01900 844670

Email: info@ageukwestcumbria.org.uk

NHS website – <https://www.nhs.uk> - a website which provides a list of all private providers.

College of Podiatry – <https://www.scpod.org/find-a-podiatrist> or 020 7234 8620 for a list of private podiatrists in your area.

Private Health & Care Professions Council registered practitioners – a list is available in the Yellow Pages or online at www.hcpc-uk.org

People may also be eligible for an Attendance Allowance if aged 65 or over and the following apply:

- they have a physical disability (including sensory disability such as blindness), a mental disability (including learning difficulties), or both;
- the disability is severe enough for them to need help caring for themselves or if there is a need for supervision.

Claim packs can be obtained from the Attendance Allowance helpline.

Attendance Allowance helpline

Telephone: 0345 605 6055

Text phone: 0345 604 5312

Monday to Friday, 8am to 6pm

<https://www.gov.uk/attendance-allowance>

How can I get involved and share my views?

We want to know what you think; should we prioritise diabetic foot services over routine nail and footcare in Morecambe Bay? Are there other things that we need to take into account when we look at ways of delivering an NHS podiatric service?

There are a few ways to provide your ideas and feedback:

- Complete the [online survey](https://bit.ly/2S6zeqF) (<https://bit.ly/2S6zeqF>)
- Download and print a paper copy and post it to us, or scan it and email it to engagement.morecambebayccg@nhs.net;
- Request a paper copy to be sent to your postal address by emailing: engagement.morecambebayccg@nhs.net

The engagement period is due to close on 30 October 2020.