PRIORITISING PATIENT SERVICES

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North Warwickshire NHS Trust
March 2000
• Estimating the demands
• History of NHS Podiatry services
• Current issues
• Needs led service North Warwickshire NHS Trust
  - 1980’s
  - Quality Review 1993
  - Development of need matrix
  - Re-profiling of service 1996
  - Present service
  - Problems associated with re-profiling

• Personal view of future
• Questions
ESTIMATING THE DEMAND

- UK Population 58 million

- 75% of adult population having foot problems = 43.5

- 25% of adult population having major foot problems = 14.5

- Number of State Registered Podiatrists = 7,000

- Incidence of diabetes in the Population 3% = 1.74 m

RESULT

HIGH PUBLIC EXPECTATION = RESTRICTED LIMITED MANPOWER SERVICE
HISTORY OF PODIATRY SERVICES

- Pre 1960’s - Hospital Services
- Post 1960

  County Council Health Department Chiropody services set up.

  Available for priority groups

- 1974 NHS Podiatry services emerge
- Mid 1970’s onwards Chiropody Assistants
- Early 1990’s needs driven service
CURRENT ISSUES FACING NHS PODIATRY SERVICES

- Waiting lists maximum: 18 months
  Local standards: 13 weeks

- Number of patients on waiting lists

- Waiting times

- Number of patients receiving treatment

- Staffing levels

- Budgets

- PCG’s & PCT’s

- Controlling demand
  - Priority groups
  - Age limits eg., 75 + years
  - “Need” led service

- Demographic time bomb
DEPARTMENTAL “CHAOS”

- Too many referrals
- Appropriateness of referrals
- Lack of information
- Waiting lists
- Waiting times
- Too many contact points
- Chiropody : Chiropody Assistant
- Students
- Purchasers
- C.H.C.
REFERRAL PROCESS

- Client inquiry
- Referral form sent
- Referral form completed and received
- “Urgency classification”
- Appointment sent
DEPARTMENTAL STANDARDS

- Referral
  - high max 5 days
  - medium 3 - 4 weeks
  - low 12 weeks

- Assessment clinics

- Treatment dates

- (Assessment and treatment)

- Letter to referrer
THE “GRID” SYSTEM

- Two essentials
  - Medical Need A B C D
  - Chiropodial need 1 2 3 4

- Service profile

- Priority

- Type of appointment

- Level of care

- Recall

- Discharge?

- Outcomes
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<th>D</th>
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<td>ALL Diabetics Diet, Tablet, Insulin</td>
<td>As “A”, but less severe e.g. No steroids Wafarin</td>
<td>Nail surgery Bio’s i.e. patients with no medical need</td>
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<td>2</td>
<td>High medical / Very high podiatry need</td>
<td>Diabetic with very high podiatry need</td>
<td>Medium medical need Very high podiatry need</td>
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DISCHARGE

- Personal Care Plan
- Discharge Policy
- Failure to Attend Policy
- Domiciliary Policy
- Discharge Package
  + The “At Risk” foot
  + Encouraging self help
- Training / Enabling carers
- Training packages
PODIATRY SERVICE
PODIATRY NEED
Expressed as a percentage of activity

![Bar chart showing the need for podiatry services from 1994 to 1999, with categories for Very High Need, High Need, Medium Need, and Low Need.]
PODIATRY SERVICE
MEDICAL NEED

Expressed as a percentage of service

[Bar chart showing the percentage of high, medium, and low need for 1994, 1997, and 1999.]
PROBLEMS ASSOCIATED WITH RE-PROFILING

- Reduction of caseloads
- Slight reduction in contact numbers
- Increased contact time with patient
- Increase in documentation letters
- Ensuring adequate skills within department
- Continuing professional development
- Increase in referrals of people with “high” needs
- Increase in application for assessments from people with “low” needs
- Accountability for actions
- Increase demands from other health care professionals
THE ROLE OF PODIATRY IN THE NHS

FUTURE ROLE

NHS - CARE OF THE “AT RISK” FOOT

- Packages of care to encourage self help
- Training “Carers”
- Targeting vulnerable groups. For example Diabetes in the Asian community
- Working with other agencies to monitor general footcare (nail cutting) For example - Age Concern
THE FUTURE / PERSONAL VIEWPOINT

- NHS Podiatry Services - looking after the at risk foot

- State Registered Private Practitioners
  - The medium needs

- Pedicure / Carers etc
  - The low needs
    - Boots / Scholls etc
      - Private Care
2020 THE DEMOGRAPHIC TIME BOMB

↑ Over 75 Year olds

↑ Retired population

↓ Workforce

? Number of under 18 year olds (the pool for training) probably reduced

? Millenium babies etc.

Current services cannot be sustained.