

# Public Document Pack



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Wednesday 15 March 2017

## Notice of Meeting

Dear Member

### Overview and Scrutiny Panel for Health and Social Care

The **Overview and Scrutiny Panel for Health and Social Care** will meet in **Meeting Room 3 - Town Hall, Huddersfield** at **1.30 pm** on **Thursday 23 March 2017**.

The items which will be discussed are described in the agenda and there are reports attached which give more details.

A handwritten signature in black ink, appearing to read 'Julie Muscroft', on a light-colored background.

**Julie Muscroft**

**Assistant Director of Legal, Governance and Monitoring**

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

**The Overview and Scrutiny Panel for Health and Social Care members  
are:-**

**Member**

Councillor Elizabeth Smaje (Chair)

Councillor Andrew Marchington

Councillor Sheikh Ullah

Councillor Steve Hall

Councillor Fazila Fadia

Councillor Judith Hughes

Peter Bradshaw (Co-Optee)

David Rigby (Co-Optee)

Sharron Taylor (Co-Optee)

# Agenda

## Reports or Explanatory Notes Attached

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**Pages**

**1: Interests**

1 - 2

The Councillors will be asked to say if there are any items on the Agenda in which they have been disclosable pecuniary interests, which would prevent them from participating in any discussion of the items or participating in any vote upon the items, or any other interests.

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**2: Admission of the public**

Most debates take place in public. This only changes when there is a need to consider certain issues, for instance, commercially sensitive information or details concerning an individual. You will be told at this point whether there are any items on the Agenda which are to be discussed in private.

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**3: Changes in Podiatry Services**

3 - 68

To consider an update on the proposed changes to Podiatry Services.

Contact – Sarah True & Robert Flack, Locala

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**4: Date of Next Meeting**

To confirm the date of the next meeting as 4 April 2017.

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**KIRKLEES COUNCIL**

**COUNCIL/CABINET/COMMITTEE MEETINGS ETC**

**DECLARATION OF INTERESTS**

Overview & Scrutiny Panel for Health and Social Care

Name of Councillor

Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest

Signed: .....

Dated: .....

## NOTES

### Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.

Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -

- under which goods or services are to be provided or works are to be executed; and
- which has not been fully discharged.

Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

Any tenancy where (to your knowledge) - the landlord is your council or authority; and the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

(a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and

(b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.



**Name of meeting:** Health and Social Care Scrutiny Panel

**Date:** 23<sup>rd</sup> March 2017

**Title of report:** Proposed Changes to Podiatry Services

**Purpose of report**

To provide members of the Health and Social Care Scrutiny Panel with an update on proposed changes to Podiatry Services.

Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	N/A – Report produced by Locala
Is it in the <a href="#">Council’s Forward Plan</a> ?	No
Is it eligible for “call in” by <a href="#">Scrutiny</a> ?	No
<b>Date signed off by <u>Director</u> &amp; name</b>  Is it signed off by the Director of Resources?  Is it signed off by the Acting Assistant Director - Legal & Governance?	No – The report has been produced by Locala
Cabinet member <a href="#">portfolio</a>	Adults, Health and Activity to Improve Health

Electoral [wards](#) affected: All

Ward councillors consulted: N/A

Public or private: Public

## 1. Summary

1.1 In November 2017, the Health and Social Care Scrutiny Panel considered a report by Locala on 'Changes in Podiatry Services', which included consultation documents. The Panel agreed that the proposed changes posed a significant change in the provision of service and therefore agreed to scrutinise the proposals.

1.2 In response to panel feedback, Locala agreed to amend the consultation plan and document for further consideration by the Panel, as follows:-

- The Consultation Document should advise that the CCGs have delegated responsibility to consult with the public to Locala;
- The information included in the consultation document should refer to the 2011 Census;
- Proposal 1 "to reduce the number of locations where clinics are held" - should advise that changes affect the whole of Kirklees;
- The proposals should outline the changes to people with mechanical mobility problems, including information relating to what impact the changes will have on all service users, which should be clearly explained within the proposals and consultation document;
- The Consultation document should 'set the scene' of what the proposed changes are early on in the document.

1.3 In light of this decision, senior representatives from Locala and Greater Huddersfield CCGs will be in attendance to:-

- Provide an update on the proposals;
- Outline any work that is still required to be undertaken prior to consultation;
- Provide an indication of the timeline for the consultation process.

1.4 The Panel agreed to consider the revised consultation documents and proposed consultation timescales prior to the consultation taking place.

## 2. Information required to take a decision

This is a report for information.

## 3. Implications for the Council

This is a report for information.

## 4. Consultees and their opinions

Not applicable

**5. Next steps**

- 5.1 That the Overview and Scrutiny Panel for Health and Social Care takes account of the information presented and considers the next steps it wishes to take.

**6. Officer recommendations and reasons**

- 6.1 That the Panel considers the information provided and determines if any further information or action is required.
- 6.2 That the Panel agrees the timeline for the consultation process.

**7. Cabinet portfolio holder's recommendation**

Not applicable

**8. Contact officers**

Sarah True, Customer Engagement Manager, Locala  
Email: [sarah.true@locala.org.uk](mailto:sarah.true@locala.org.uk)

Helen Kilroy, Principal Governance & Democratic Engagement  
Officer, Tel: 01484 221000 E-mail: [helen.kilroy@kirklees.gov.uk](mailto:helen.kilroy@kirklees.gov.uk)

**9. Background papers and History of Decisions**

Proposed changes to Podiatry Services – Overview and Scrutiny Panel  
for Health and Social Care on 1<sup>st</sup> November 2016

**9. Assistant Director responsible**

Julie Muscroft Assistant Director: Legal, Governance & Monitoring

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## Consultation Plan

### 1. Introduction

The purpose of the consultation plan is to describe our approach to formal public consultation on the proposed changes to podiatry services in both Greater Huddersfield and Kirklees. The plan describes what we already have in place and what else we intend to do to consult with staff, the public, patient, carers and key stakeholders.

### 2. The purpose of the consultation plan

The purpose of the consultation plan is to describe our process for formal consultation and how we will reach our audience. We will ensure that our methods and approaches are inclusive and tailored to each audience which includes:

- Existing patients, carers and their representatives
- Minority groups identified in the EIA
- Key stakeholders including partner organisations
- Podiatry colleagues
- Particular interest groups
- Locala Members

The plan sets out the proposed activity and the resources required to deliver the plan. The intention of the plan is to help people understand what to expect from the formal consultation, how they will be involved and how long the process will take. The purpose of the consultation is to:

- Raise awareness of and provide information on the changes being proposed.
- Involve all stakeholders in discussions about the proposed changes and draw out any issues and concerns.
- Support us to pay 'due regard' to our equality duty in our decision making and ensure any negative consequences are minimised by promoting positive outcomes.
- Work with stakeholders to consider potential solutions to any issues raised.
- Gather feedback which will inform the decision about the proposed changed to Podiatry Services

### 3. Aims and objectives of the consultation

The aim of the formal consultation is to facilitate genuine and meaningful involvement to ensure we can reach, inform, communicate and formally consult with local people from Kirklees. In delivering this aim the objectives will be:

- To complete the consultation in a 12 week period.
- To communicate clearly and simply our plans using various formats and approaches.
- To provide an explanation of the plans and the considerations given to those plans.
- To gather feedback on these plans using a variety of mechanisms as part of formal consultation such as face to face, electronic and paper surveys.
- To analyse the feedback from the formal consultation process.
- To provide a report of findings on the consultation to decision makers and ensure enough time is given to consider those findings.
- To provide clear and meaningful feedback to staff, public, patients, carers and key stakeholders on the findings of the formal consultation and any decision to change the way services are currently provided or delivered.
- To ensure we can demonstrate that the views expressed have been considered as part of the decision making process.

#### **4. Engagement and pre-consultation engagement activity**

We carried out patient engagement in December 2015. Drop in sessions were held in six clinics, Monday 16 November – Monday 14 December 2015. Posters were sent to each location to inform patients when the sessions were taking place, clinicians were also asked to inform their patients and GP surgeries where clinics take place were asked to let their Patient Engagement groups about the sessions.

The sessions were run by Locala representatives who asked patients to complete a survey and have a more in depth discussion about the service. Patients were also given the opportunity to complete an online survey or use a paper copy to complete and return in a SAE or post into a postbox in the health centres.

We aimed to engage a diverse cross section of patients' representative of our patient population. 51 patients took part in the survey.

Themes for the engagement were:

- Frequency and current use of the service
- Levels of satisfaction with the current service
- Access to appointments
- Method of travel to appointments

From the engagement people told us:

- Patients are happy with the service
- The majority travel by car to their appointments
- Patients would like more choice of appointments
- Patients would like a more efficient booking system

A second round of engagement was carried out in June-July 2016. Surveys were distributed to all clinics in order to gather patient views. This allowed a broader footprint than in the previous engagement delivered in December 2015. The surveys were given out by podiatrists to individual patients over a period of three weeks. The aim was to gather a representative sample group of patients currently accessing services.

A total of 304 responses to the survey. Themes from the engagement were:

- What people use the service for and how often
- How they might be affected if NICE guidance is applied
- What concerns they have

From the engagement people told us:

- 73% of people use the service for general foot care of which 63% is nail cutting
- The majority of patients (179) use the service every 9-12 weeks
- People were concerned about how they would be able to manage their own foot care

The main concerns were:

- Will I still receive the service?
- Where else would I go to get the care and treatment I need?

In addition we received only 43 responses to the question relating to Nice Guidance which would suggest that people may not have understood how the guidance would be applied and who would still receive a service, and who would not. Any further communication needs to ensure that patients understand what the NICE guidance means for them.

## **5. Consultation Mandate**

NHS North Kirklees Clinical Commissioning Group, NHS Greater Huddersfield Clinical Commissioning Group (CCGs) and Locala Community Partnerships need to understand the views of patients, stakeholders and staff living and working in Kirklees who are or could be directly impacted by the proposals about the way in which Podiatry Services are provided in the future.

This is so that by the end of the consultation period, the CCGs and Locala CIC can make an informed decision about the future model for delivering podiatry services to ensure that services provided are clinically appropriate, of a high quality, safe, sustainable and affordable resulting in the best possible outcome and experience for patients using the service in the future.

## **6. Consultation process**

### **What we already have in place**

We currently have a number of mechanisms in place which help us provide information and communicate with a range of stakeholders. These mechanisms will continue to be utilised throughout this process. The current mechanisms are:

- **Colleagues** are already being engaged through team meetings which will continue throughout this process
- **Local councillors and MPs** will be included in the formal consultation once the proposals have been through overview and scrutiny
- **Overview and Scrutiny Committees** are being kept up to date with our plans through presentations and briefings
- **Patient Opinion, Friends & Family and complaints** we will use the information gathered to help us understand individual experiences.
- We will ensure local **GP practices** are aware of any engagement and consultation and promote participation via surgeries
- **Patient Reference Groups and membership councils**
- **Healthwatch**
- **Community Voices** and the third sector in Kirklees

### What else do we need to do?

To ensure formal consultation can take place we will need to provide more opportunities for communication and information sharing and discussion. We have identified groups where feedback needs to be captured and where mechanisms need to be in place to ensure this happens. The formal consultation will be delivered over a 12week period using the following approach.

### Consultation activities

- **Launch** – The consultation launch will take place in the first week of formal consultation. The consultation section on the Locala website will go live and have links to a consultation document with questionnaire which can be completed online or printed off and returned via a freepost address, a schedule of any planned events and activities, and a Q&A section with responses.
- **Information Sessions (drop-in)** - To ensure minority groups identified as not taking part in the engagement process have an opportunity to have their say, we will deliver information sessions in selected locations around Kirklees. Considerations will be given to different access needs, including religious festivals, older and younger people and those with caring responsibilities.
- **Elected representatives** - We will use face to face meetings and written briefings to ensure key stakeholders are informed and involved. In addition the Overview and Scrutiny Panel for Health and Social Care will be formally consulted on our plans.

## 7. Communication

We will produce a range of communication materials to support the consultation process including:

- Full consultation document with questionnaire
- Electronic questionnaire
- Posters and flyers
- A dedicated section on the Locala website
  
- **Key messages:** We will ensure the key messages to support the consultation are consistent, clear and easy for people to understand, this will help people get involved in the consultation process. These will be used throughout the process to drive awareness and cement understanding. Key messages typically include information about why change is needed, the proposals for change, and the way in which individuals and organisations can have their say.
  
- **Consultation document:** to include:
  - What the consultation is about in a clear and simple way
  - What are the proposed changes and why
  - How to give your views and deadline for submitting responses
  - Questionnaire
  - Equality monitoring
  - How to access alternative versions
  - How we will be using these findings/views
  - When and how a decision will be made
  
- **Staff training:** We will ensure they are appropriately trained to deal with queries from their patients.
  
- **Website:** the Locala and CCG websites will contain information about the consultation and how people can give their views.
  
- **Social Media:** Throughout the consultation period we will use social media as a communication tool to promote the consultation to the public.
  
- **Media:** We will work with local journalists to disseminate key messages this will involve proactive (press releases) and reactive (statements in response to enquiries) media relations.
  
- **Partnership working:** We will work with communications colleagues in partner organisations to cascade messages through their internal and external channels as appropriate.

- **Questions and Answers (Q&A):** We will monitor feedback received via questionnaires, at events and through the media and other mechanisms on an ongoing basis. Where appropriate/necessary, we will respond to feedback directly, by updating our website and using other communications mechanisms to clarify any factual information or correct inaccuracies.

**Consultation activities:**

Target Audience	Delivery Method
Service users	<ul style="list-style-type: none"> <li>• Printed material</li> <li>• Media/social media</li> <li>• Third sector organisations</li> <li>• Focus Groups</li> </ul>
Stakeholders	<ul style="list-style-type: none"> <li>• Written briefings</li> <li>• Face-to-face meetings if required</li> </ul>
Elected members/ Councillors/MPs	<ul style="list-style-type: none"> <li>• Written briefings</li> <li>• Face to face meetings if required</li> <li>• Website</li> <li>• Media/social media</li> </ul>
Media	<ul style="list-style-type: none"> <li>• Media releases</li> <li>• Social media</li> </ul>
Local GP practices	<ul style="list-style-type: none"> <li>• Practice visits where appropriate</li> <li>• Bulletins</li> <li>• Website</li> <li>• Posters</li> </ul>

**8. Equality**

To ensure the consultation process meets the requirements to evidence due regard has been paid to equality and diversity, all the consultation activity will be equality monitored to assess the representativeness of the views gathered during the formal consultation process.

After reviewing our patient engagement feedback we have identified a number of groups who are were not adequately represented. These groups will be targeted to ensure they are represented in the consultation process.

- Men who use the service
- Children and young people who use the service
- Asian/ Asian British and other ethnic groups other than White British
- Religion and religious belief other than Christianity

Once gathered the consultation data will be analysed. This analysis will be reported to highlight any under-representation of patients who we believe could be potentially affected by any change in services, and if this is demonstrated further work will be undertaken to address any gaps.

Throughout the consultation a view will be taken to identify any underrepresentation, where found, measures will be taken to address through the consultation process.

Once complete the analysis will consider if any groups have responded significantly differently to the consultation or whether any trends have emerged which need to be addressed in the implementation stage. This data will also be used as part of the evidence to support the equality impact assessment process which will be carried out simultaneously.

### 9. Analysis of data and presentation of findings

Once the formal consultation data input has taken place and the data analysed we will ensure that all the intelligence is captured into one report. A simple summary and easy read version will be produced. This report will provide a view from staff, public, patients, carers and key stakeholders on the proposals.

### 10. Consultation timeline

Delivery of a formal public consultation	12 weeks	2 May – 21 July 2017
Deliberation of findings	6 weeks	24 July – 1 September
Overview and Scrutiny Panel for Health and Social Care deliberation of findings and feedback.	4 weeks	4 – 29 September
Decision making	2 weeks	2 – 13 October
Announcement of decision		W/c 16 October

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## PROPOSED CHANGES TO THE PODIATRY SERVICE

### About us

NHS North Kirklees Clinical Commissioning Group (CCG) and NHS Greater Huddersfield CCG are responsible for commissioning (buying) local healthcare services for people in Kirklees. Locala Community Partnerships provide community-based health services to over 400,000 in Kirklees and beyond and this includes Podiatry (foot care) services in Kirklees.

North Kirklees CCG and Greater Huddersfield CCG have delegated the responsibility of carrying out a consultation about proposed changes to the podiatry service to Locala Community Partnerships. Locala will deliver a consultation with local people who use podiatry services in Kirklees.

This document provides more details about the proposed changes, the reasons why we think change is required and explains how you can have your say.

The public consultation will run from 2 May – 21 July 2017.

### What are the proposed changes?

1. To help us improve the podiatry service we provide, we would like to reduce the number of locations where clinics are held in **Greater Huddersfield**.
2. The Podiatry team use a set of criteria to help decide who is eligible for treatment. This criteria has not been applied consistently throughout Kirklees and means that there are patients on the caseload who may not be eligible for Podiatry care. We would like to apply the existing eligibility criteria across the whole service to ensure that patients who have the greatest clinical need for podiatry care receive it when they need it most. This may mean that some patients will no longer be eligible for Podiatry services. This is a proposed change for all patients living in **Kirklees**.

## **What this means**

If you live in Greater Huddersfield there is a possibility that your podiatry appointments will be provided in a different location to the one you currently use.

If you are a podiatry patient in Kirklees and are seeing a podiatrist to have your toe nails cut, dry skin removal, fungal infections or verrucae, you **may** not be eligible for this service in the future.

**We want to explain more about podiatry services and our proposed changes so that you can tell us what you think.**

## **What is podiatry?**

Podiatry is an area of specialist healthcare that focuses on the prevention, diagnosis, treatment and rehabilitation of abnormal conditions of the feet and lower limbs. Podiatry is also involved in the prevention and correction of deformity, keeping people mobile and active, relieving pain and preventing the complications caused by conditions which put the foot at risk of ulceration and amputation.

## **Why things need to change?**

The NHS is highly valued by patients and important to the general public. The NHS and the service it provides does need to change over time to ensure it can meet the needs of everyone now and in the future. People are living longer and have increasingly complex health and care needs.

Demand for the podiatry service in Kirklees is growing and we would like to make some changes. By making changes we believe we can ensure that local health needs are met both now and in the future.

The current service needs to support those patients with the greatest need. For us to be able to provide the right treatment for people with high clinical needs, such as those with rheumatoid arthritis, peripheral arterial disease and diabetes, we need to follow

guidance which requires more specialist services. These patients have increased risk of developing complications of the foot such as developing foot ulcers or in worst case scenario amputation.

Whilst we would like to make changes, we also think that we can improve services for the patients who need it most by;

- Reducing waiting times for appointments and increasing clinical time
- Providing more choice of the days and times you can see someone
- Providing safer care by being able to see the patients who need it, more often
- Increasing the quality of care by providing more specialist care such as wound management
- Providing better support and information so people are able to care for their own feet and prevent future problems
- Providing clinics in buildings that are modern, clean, safe and fit for purpose.

**Proposed change 1** - We would like to reduce the number of locations we provide clinics in Greater Huddersfield. This will help us provide a better service and would increase the number of Podiatry appointments we can offer and provide more choice of appointments. This is a proposed change for patients living in **Greater Huddersfield area only**.

Currently Podiatry Services are provided in 17 locations across the Greater Huddersfield area. These are mostly held in GP practices and in health centres. Whilst some of the current clinics are in good locations the rooms are now not suitable for providing treatment. Clinics need to be in venues where they can have a dedicated room where they are equipped for podiatry needs all the time and are fully compliant with infection control and health and safety requirements.

By offering clinics in so many locations our podiatrists spend a significant amount of time away from patients because they have to travel to different sites each day. We propose that by reducing the number of clinic locations our podiatrists will be able to spend more time with patients by offering more appointments. This could include additional daytime and evening appointments at the majority of these locations throughout the week. Overall this change would mean that more clinical time would be available for patients who need it the most.

We have identified 8 locations where we know we can provide a dedicated room that is fully equipped and compliant and we would like you to consider if these are the right locations. When choosing these locations we took a number of things into consideration: feedback from existing patients, the number of patients we currently treat, how people would get to clinics including public transport options, parking facilities, waiting areas and locations where we can run later sessions. If we decided to make these changes around 1034 patients would have to use a different clinic.

**Where are we proposing the clinics should be?** Below is a list of all the locations in Greater Huddersfield where we now hold podiatry clinics. We have shown on the table the 8 clinics we would like to keep and why. We want to know what people think about how we have reviewed each location and what you think of the 8 locations we propose to use.

Key: purple 8 proposed clinics where podiatry clinics will remain.

Location	Locality	Available for use	Suitable room available	Parking available	Possible to increase clinical sessions	Bus route	Well Attended	Appointments per week currently.
Almondbury GP	Central	X	N/A	N/A	N/A	N/A	N/A	0
Dearne Valley HC Scissett	Dearne Valley	✓	✓	✓	X	✓	X	7
Fartown	Central	✓	✓	✓	✓	✓	✓	52
Honley GP	Dearne Valley	limited	✓	✓	X	✓	✓	19
Kirkburton GP	Dearne Valley	✓	✓	✓	✓	✓	X	20
Kirkheaton GP	Dearne Valley	limited	X	✓	X	✓	X	7
Holmfirth HVMH	Colne Valley	✓	✓	✓	✓	✓	✓	44
Lepton GP	Dearne Valley	limited	X	✓	X	✓	X	7
Lindley Group Practice	Central	X	N/A	N/A	N/A	N/A	N/A	0
Marsden Health Centre	Colne Valley	limited	✓	✓	X	✓	X	10
Meltham The Cobbles GP	Colne Valley	✓	✓	✓	✓	✓	✓	34
Meltham Road Surgery	Colne Valley	limited	✓	✓	X	✓	✓	30
Mill Hill Health Centre	Central	✓	✓	✓	✓	✓	✓	52
Netherton GP	Colne Valley	✓	X	✓	X	✓	X	0

Slaitwaite Health Centre	Colne Valley	✓	✓	✓	✓	✓	✓	34
Newsome GP	Colne Valley	✓	X	✓	X	✓	✓	22
Princess Royal Health Centre	Central	✓	✓	✓	✓	✓	✓	340
Shepley GP	Dearne Valley	✓	✓	✓	X	✓	X	6
Skelmanthorpe	Dearne Valley	✓	✓	✓	✓	✓	✓	46
Waterloo GP	Central	limited	✓	X	X	✓	X	7

**Proposed change 2:** The Podiatry team use a set of criteria to help decide who is eligible for treatment. This criteria has not been applied consistently throughout Kirklees and means that there are patients on the caseload who may not be eligible for Podiatry care. We would like to apply the existing eligibility criteria across the whole service to ensure that patients who have the greatest clinical need for podiatry care receive it when they need it most. This may mean that some patients will no longer be eligible for Podiatry services. This is a proposed change for all patients living in **Kirklees**.

### Why things need to change?

The National Institute for Health and Clinical Excellence (**NICE**) is part of the NHS and is the independent organisation responsible for providing national guidance on treatments and care for people using the NHS. NICE guidance recommends that foot care services related to certain long-term conditions should be available on the NHS. These are conditions are, peripheral arterial disease (reduced blood supply to the feet) and rheumatoid arthritis. There is no guidance for less serious conditions. This means that each individual CCG must decide what to make available.

In Kirklees, around 64% of podiatry appointments are for people aged over 65 years. People in our area are living longer, which is good news, however, it does mean that we have an increasing number of older patients with the type of long-term condition which

means they will need access to podiatry services. To help us meet this demand we need to review the current podiatry service so it can provide a service to those who need it the most.

These patients have an increased risk of developing a foot ulcer and without the correct care could go on to require amputation. We want to make sure patients with high clinical needs are given comprehensive, relevant podiatry provision in an attempt to avoid invasive surgery that carries greater risks and cost.

In Kirklees there is clear guidance that tells us who should receive podiatry treatment. In the past this guidance hasn't been strictly followed and there are people being treated who don't have a clinical need for podiatry.

We are proposing that people who have 'low risk' feet and no significant podiatry need, for example toe nail cutting, verrucae, dry skin and fungal infections will not receive podiatry services funded by the NHS.

### **What would the proposal mean for patients?**

#### **Under the proposal, people who may no longer receive a service are:**

- Those who have low risk podiatry need such as verrucae, dry skin, corns and fungal infections
- Patients who have no health issues
- Patients who currently receive routine nail cutting but are low risk.
- People who have mobility problems which mean they have trouble reaching their feet but have no other medical or foot conditions that put their feet at risk.

**Under the proposal patients who would still receive podiatry services are:**

- Anyone with ‘at risk’ or ‘high risk’ feet
- Patients who currently receive routine nail cutting but are high risk
- Those with a serious issue that affects their foot health such as peripheral arterial disease (reduced blood supply to the feet) peripheral sensory neuropathy (reduced sensation in the feet), previous or current foot ulcers, significant foot deformity and gait assessment (way of walking) and those requiring biomechanical assessment for foot pain causes by functional problems.

To help explain what we are proposing we have used some example patient stories.

Samiya	Gordon	James
Samiya has type 2 diabetes. She has some loss of feeling in her feet (neuropathy) and therefore has an increased risk of developing a foot ulcer. She has podiatry appointments every 12 weeks	Gordon is 75 year-old and enjoys an active life. He had a hip replacement a few years ago and finds it sometimes difficult to cut his nails. This hasn't been a problem in the past because he's been to Locala's podiatry team to have his toe nails cut.	James is 34, he enjoys playing sport but has developed an in-growing toenail which has become infected. James's GP has prescribed antibiotics and referred him to the podiatry service.

This is what would happen to these patients if these proposals go ahead:

Samiya	Gordon	James
Samiya will be made a regular appointment to have her feet checked every 12 weeks. This will enable the podiatrist to fully check her circulation, nerve supply and foot shape and remind	Bill receives an assessment appointment where he is told he has good foot health and therefore, low level needs and will no longer be eligible to receive podiatry appointments. At the appointment the	James referral will be sent to the podiatry team and he will receive a review appointment within x weeks. He will then receive surgery followed by a review and if all is well he'll be discharged from the

<p>her about her foot health.</p>	<p>podiatrist gives him a demonstration on how to look after his feet and toe nails. He is told if he develops a foot problem in the future he should visit his GP and if necessary he will be re-referred into the podiatry service. Bill is given the option of a group session to receive foot care advice, a leaflet and signposted to other foot care providers.</p>	<p>service</p>
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## Have your say

We believe these proposed changes will benefit patients who have the greatest need for podiatry care, improve the service we are able to provide, and ensure that the service is able to support the growing number of people who need care in Kirklees.

We would like you to tell us what you think about these proposals. Your views are really important to us if we are to make the right decision about the future of podiatry services.

### Could you tell us the first part of your postcode? i.e. HD8

--	--	--	--

**1. After reading the information did you understand the proposals?**

Yes, all of it       Yes, some of it       No

**2. Are you:**

A patient that has used or is currently using the service

A carer of a patient that has used or is currently using the service

A healthcare professional

A member of staff

A member of the public that has not used the service in the past

Other, please state

--

**3. What do you currently use the Podiatry service for?**

Corns, painful hard skin       Nail Surgery

Toe nail cutting only       Biomechanics

Wound care       Diabetic checks

**4. If you or someone you care for currently uses the service or has done in the past, tell us how you normally travel to podiatry appointments:**

- Public transport
- Taxi
- Car
- Walk
- Other (please state)

**5. Do you or someone you care for currently use/have used one of the 17 clinics in Greater Huddersfield:**

- Yes
- No
- Don't know

**6. We think it's important to redesign the service to ensure patients with high/moderate level needs get seen quicker and more frequently. Do you agree?**

**To what extent to you agree or disagree with the proposal?**

Strongly agree	Agree	Disagree	Strongly Disagree	Don't Know	
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Please explain your reason for the above answer

**7. For those people who are no longer eligible for the podiatry service because they have low level foot care needs such as nail cutting, verrucae or dry skin, what support do you think we should provide?**

- Foot healthcare training from a qualified podiatrist
- Educational Leaflet
- Video clips
- Information about other local services on offer

What else would you suggest?

**8. We are proposing to reduce the number of clinics available in Greater Huddersfield from 17 to 8.**

<b>To what extent to you agree or disagree with the proposal?</b>					
Strongly agree	Agree	Disagree	Strongly Disagree	Don't Know	
Please explain your reason for the above answer					

<b>Do you feel the proposal would in any way have an impact on you?</b>					
Yes a big impact	Yes, some impact		No, no impact	Do not know	This does not apply to me
Please explain your reason for the above answer					

**9. Is there anything else you think we should consider when making a decision about any changes to current podiatry services?**

--

**EQUALITY MONITORING - OPTIONAL**

In order to ensure that we provide the best services for **all** of our communities, and to ensure that we do not knowingly discriminate against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and all information will be protected and stored securely in line with data protection rules.

This information will be kept confidential and you do not have to answer all of these questions, but we would be very grateful if you would.

**What sex are you?**

Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
--------	--------------------------	------	--------------------------	-------------------	--------------------------

<b>Transgender</b>										
Is your gender identity different to the sex you were assumed to be at birth?										
Yes			No			Prefer not to say				
<b>What is your age?</b>										
Under 16		16 - 25		26 - 35		36 - 45		46 – 55		Prefer not to say

<b>What is your sexual orientation?</b>									
Bisexual (both sexes)		Lesbian (same sex)		Gay man (same sex)		Heterosexual/ Straight (opposite sex)			
Other:	Please specify					Prefer not to say			

<b>What is your ethnic background?</b>									
<b>Asian, or Asian British</b>		<b>Black, or Black British</b>		<b>Mixed / multiple ethnic group</b>		<b>White</b>		<b>Other</b>	
Chinese		African		Asian & White		British		Arab	
Indian		Caribbean		Black African & White		Gypsy/Traveller			
Pakistani				Black Caribbean & White		Irish			
Other Asian background		Other Black background		Other Mixed / multiple ethnic background		Other White background			
Prefer not to say			Other: Please specify any other ethnic group here						

<b>Are you pregnant?</b>									
Yes			No			Prefer not to say			

<b>Have you given birth within the last six months?</b>									
Yes			No			Prefer not to say			

<b>Do you consider yourself to belong to any religion?</b>									
Buddhism		Christianity		Hinduism					
Islam		Judaism		Sikhism					
No religion		Prefer not to say			Other:	Please specify			

<b>Do you consider yourself to be disabled?</b>									
The Equality Act 2010 states that a person has a disability if: 'a person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on that their ability to carry out normal day-to-day activities'									
Yes			No			Prefer not to say			

<b>If yes above, what type of disability do you have? (Tick all that apply)</b>									
Learning disability/difficulty		Long-standing illness or			Mental Health condition				

		health condition		
Physical or mobility		Hearing		Visual
Prefer not to say		Other:	Please specify	

<b>Do you provide care for someone?</b>			
Such as family, friends, neighbours or others who are ill, disabled or who need support because they are older.			
Yes		No	Prefer not to say

### Additional Information

This questionnaire can be completed on our website where regular updates will be available: [www.locala.org.uk/tbc](http://www.locala.org.uk/tbc).

If you need this form in another language or another format (such as large print) please contact us at: [podiatryconsultation@locala.org.uk](mailto:podiatryconsultation@locala.org.uk) Tel: tbc

(this information will be added in Urdu, Gujarati, Czech and Polish)

### Please return this completed form to:

Locala Community Partnerships CIC  
 Freepost Plus RSTJ-EYJA-UCTB  
 First Floor, Becksid Court  
 Bradford Road  
 Batley WF17 5PW

### Closing date

The consultation will end on 21 July 2017. All surveys must be received by midnight that day to ensure they are considered.

### Data protection

No personal information will be released when reporting statistical data and data will be protected and stored securely in line with data protection rules. This information will be kept confidential.

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# **Engagement on Podiatry Services in Kirklees**

## **Summary of findings from engagement with local people**

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**Appendix 1 – Survey December 2015 – page 18**

**Appendix 2 - Survey June-July 2016 – page 18**

## 1. Introduction

The purpose of the report is to present the feedback from the patient engagement which took place for patients who use podiatry services in Kirklees. The report describes the background to the engagement, the stages of engagement which took place and the findings from the engagement.

## 2. Background

NHS North Kirklees Clinical Commissioning Group (CCG) and NHS Greater Huddersfield CCG is responsible for commissioning (buying) local healthcare Services for people in Kirklees. Locala Community Partnerships provide the Community Podiatry (foot care) services in Kirklees.

Demand for the podiatry service in Kirklees is growing and we need to think about making some changes. By making changes we can ensure that local health needs are met both now, and in the future.

Nice guidance also tells us that patients' who receive foot care for things like toe nail cutting, do not need to have this service provided by a podiatrist. This means that we need to engage with patients to think about how this service could be provided in the future.

Patients who have a higher risk foot problem may require more clinical support and the guidance sets out how we can provide a better podiatry service. This means that those who need the service most can receive the best possible care. The improvements we want to make are set out below:

- Reduced waiting times for appointments and providing more appointments
- More choice of appointments including times and days
- Being able to see the patients who need it more often
- More specialist care such as wound management
- Better support and information so people are able to care for their own feet and prevent future problems
- Clinics in buildings that are modern, clean and safe

The aim of the engagement is to identify how we can improve services by making the changes that may be required. The proposed changes are twofold:

- To apply Nice guidance across the local area of Kirklees
- To provide services in a reduced number of locations across Greater Huddersfield

It is on these two areas that the engagement has taken place.

## 3. Aim and objectives of the engagement activity

The aim of the engagement activity was to engage with patients who use the current service. The objective of the engagement exercise was to:

- Understand what people thought of the current service
- Understand how local people want future services to be delivered
- Understand how the implementation of NICE guidance may impact on people
- Ensure that we use the findings from the engagement to inform our plans for future services including completion of an equality impact assessment.

The engagement was delivered in two sections, the first half of the engagement took place in December 2015 and the additional engagement took place in June – July of 2016. The two stage approach was to ensure that the engagement taking place picked up a broad range of views to support a whole system approach to podiatry services in Kirklees. This information will now be used to inform proposals which will be subject to a formal consultation.

## 4. What do we already know?

### Friends & Family

The Friends & Family report for the past 2 years indicates that 90% of respondents are extremely likely to recommend the service to others. Of the people who made unlikely or extremely unlikely comments they were mainly due to the appointment booking system and having to wait 12 weeks for their next appointment.

### Patient Opinion

Over the past two years there have been 131 Patient Opinion postings for the Podiatry Service, most of them being complimentary about the service received and the staff delivering the service.

This is reflected in the statistics listed below which monitors the number of postings being classed as positive, minimally critical or mildly critical. The 131 responses are categorised as:

- Positive 106 (81%)
- Minimally critical 19 (14%)
- Mildly critical 6 (4.5%)

Of the minimally critical comments the majority are about the difficulty in getting an appointment and the mildly critical comments are about staff attitude.

### Complaints & Concerns

Over the past 2 years there have been 47 complaints and concerns. The breakdown of these is as follows:

Attitude/behaviour	9
Communication (oral)	6
Staff Issues	4
Admission/attendance	1
Appointments	22
Policy & commercial decisions of the organisation	1
Clinical treatment	4

The information above has provided an overview of what people think of the current service and what currently works well and what could be improved.

It is clear from feedback via Friends & Family and Patient Opinion that the Podiatry Service is highly regarded amongst patients. Patients have a very high opinion of the team and their professional manner, there a number of comments relating to the friendly nature of staff which is a common theme.

The majority of negative comments are about;

- Appointments – an unacceptable time to wait for an appointment, cancellation of appointments

This feedback mirrors the complaints and concerns which follow a similar trend.

However as the information available is limited and not always gathered from those who use the service it was agreed that Locala needed to further engage patients to ensure that the views of current service users are captured.

In addition to engagement Locala also needs to understand the demographics of local communities and how this relates to service use, access and patient experience, drawing out any potential differential impact on any protected groups and locations. Further engagement work would help to support the providers understanding of protected groups.

The evidence gathered from additional engagement will support the development of an Equality Impact Assessment EQIA which will form part of the evidence for consideration alongside any engagement findings.

## 5. Findings from the engagement

### 5.1 Engagement on Podiatry Services - December 2015

#### 5.1.1 What we did

Drop in sessions were held in six clinics during the period of November to December 2015 in the Greater Huddersfield area only. Posters were sent to each location to inform patients when the sessions were taking place, clinicians were also asked to inform their patients. GP surgeries where clinics take place were asked to let their Patient Reference Groups know about the sessions.

The sessions were run by Locala representatives who asked patients to complete a survey (see appendix 1) and have a more in depth discussion about the service. Patients were also given the opportunity to complete an online survey or request a paper copy to complete and return in a SAE. The aim was to engage a diverse cross section of patients' from the patient population. Sessions were held in the following locations on the dates and times set out below:

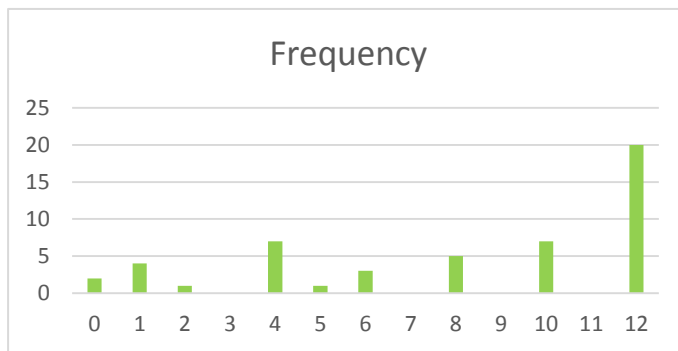
- Wednesday 9 December 9-12am The Cobbles - Meltham
- Wednesday 9 December 1.30-4.30pm Fartown
- Thursday 10 December 9-12am Mill Hill
- Thursday 10 December 1.30-4pm Meltham Road
- Monday 14 December 9-12am Scissett (Dearne Valley HC)
- Monday 14 December 1.30-4pm Princess Royal, Huddersfield

There were 51 responses to the engagement activity. Most of these responses were provided through face to face conversations and interviews. The findings from this engagement is set out below.

### 5.1.2 What people told us?

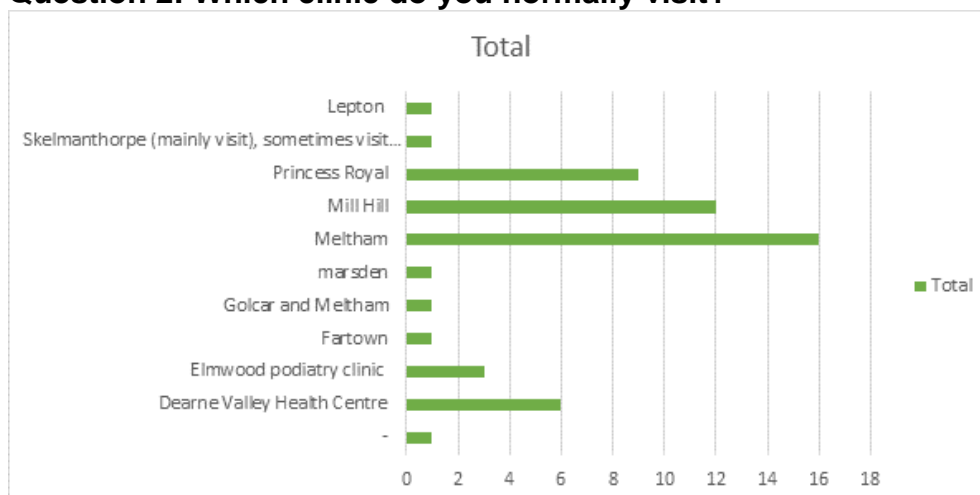
From the 51 participants who were engaged in the face to face engagement or via the online survey we asked the following questions.

#### Question 1: How often do you use the Podiatry Service?



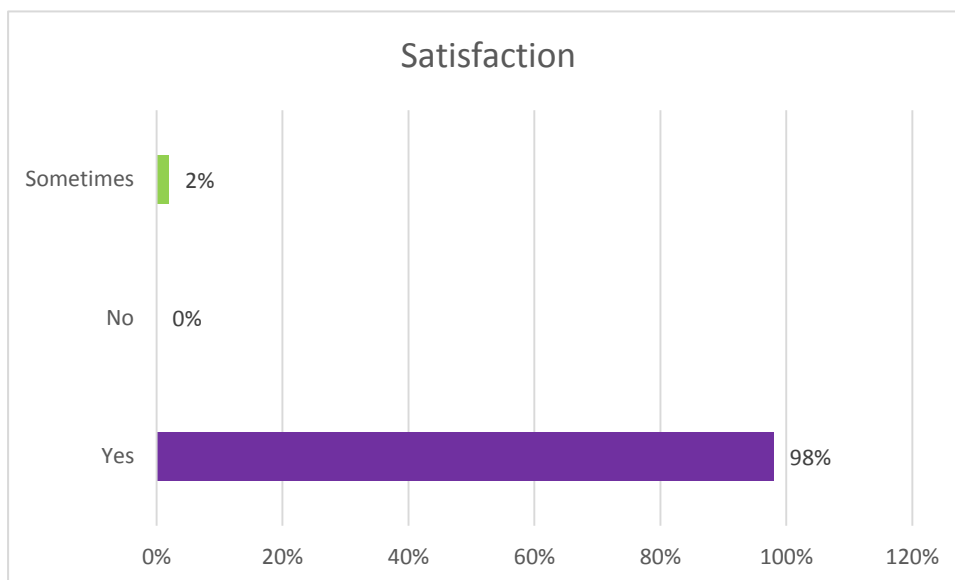
64% of those surveyed were seen every 8 weeks or more, from this 40% of respondents were seen 12 weeks or more, with the reason for the visit being cited as routine nail care.

#### Question 2: Which clinic do you normally visit?



The clinics most frequently visited were Meltham, Princess Royal and Mill Hill.

### Question 3: Are you generally happy with the service?



The satisfaction rating for all services was high with 98% stating they were satisfied with the service. Only 2% stated they were sometimes with not one respondent stating they were not. This suggests that the current service is meeting the needs of its patients.

The following question asks what people value and what could be improved about the service. The findings are as follows:

### Question 4: What do you value most about the service?

**42%** *Friendly professional clinicians*

**25%** *Other*

**23%** *Local clinics*

**5%** *On time*

**5%** *Seeing same clinician*

Most respondents cited the main reason for satisfaction was the staff, treatment they received and the local clinics. The findings suggest that the current service is highly regarded and that any change to the current service would need to address improvements to be seen as service improvement.

### Question 5: What would you improve about the service?

**63%** *Nothing*

**15%** *to be seen earlier than 12 weeks*

**11%** *Booking appointments*

**11%** *Other*

Whilst the majority of patients (63%) stated they would not change anything about the service there were a number of improvements identified. The improvements mirror the information already held and cited in 'section 4. What do we already know'. A number of patients do want to be seen earlier than their current appointment cycle and some do want access to appointments including improvements to booking to be addressed.

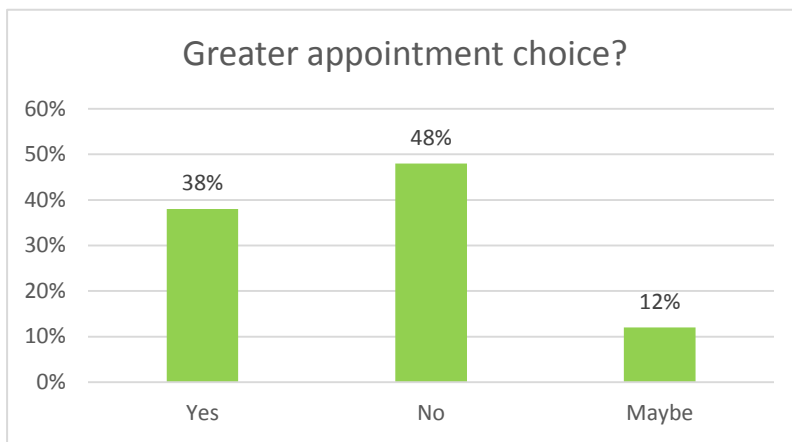
**Question 6: How would you rate the clinical environment?**

There were very few responses to the clinical environment suggesting that the current estates were seen as appropriate with 98% of those responding stating that the environment they visited for treatment was excellent or good.

**Question 7: How easy is it to get a convenient appointment?**

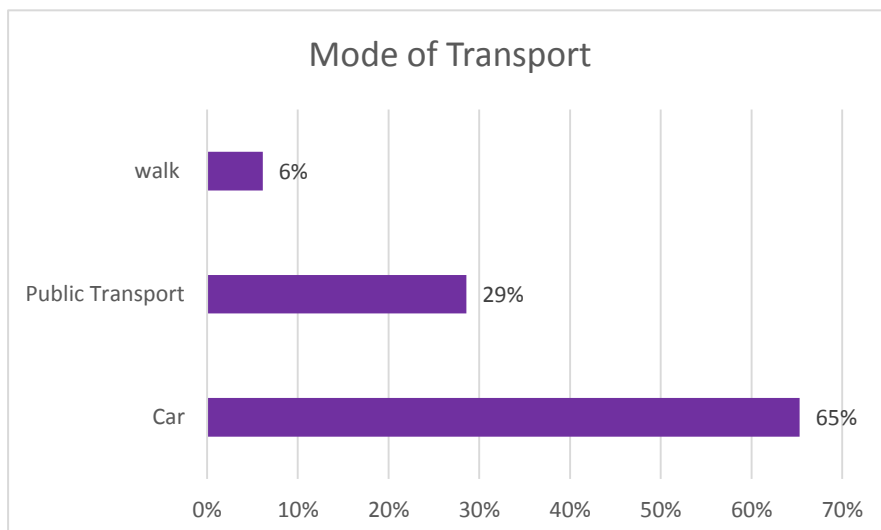
From those responding 88% stated that it mostly or very easy to get an appointment. From the remaining 12% as reported in question 5 we know that earlier appointments and access to appointments can be improved.

**Question 8: Would a greater choice of appointment times be helpful?**



48% of those responding were happy with the current appointment system and felt that a wider choice of appointment would not be helpful. However 38% would like more choice of appointments. Further engagement needs to take place to understand how the service can provide service improvements in this area. Times, days, frequency and locations were all mentioned.

**Question 9: How do you normally get to your appointments?**



The responses show that 65% travel by car with 29% using public transport. As the sample size reflects only a small percentage of the population of patients it cannot be seen as a valid sample group. From those responding we do know that those who do use public transport require any service to be near to good public transport networks. This needs to be factored into any future service improvements alongside adequate parking facilities.

### 5.1.3 Summary of results

The results highlighted the following:

- That the majority of patients (98%) are very happy with the current podiatry service
- Patients value the professional, friendly clinicians who deliver their care
- Patients like local clinics and find the current clinics in good environments
- From those responding (62%) travel by car to their appointments and some of those surveyed commented that they often travelled to other locations if a more convenient appointment was available.
- 38% would like more choice of appointments.
- The quality of the clinicians and seeing the same clinician are important factors for patients.

## 5.2 Engagement on Podiatry Services – June-July 2016

### 5.2.1 What we did

Surveys were distributed to all clinics in order to gather patient views, the survey can be found in appendix 2. This allowed a broader footprint than in the previous engagement delivered in December 2015.

The surveys were given out by podiatrists to individual patients over a period of three weeks. The aim was to gather a representative sample group of patients currently accessing services.

We received a total of 304 responses to the survey. Then findings from the engagement are set out below.

### 5.2.2 What people told us?

The survey was distributed across a range of clinics and participants were asked to tell us where they lived using the first 3 digits of the postcode. The responses show that we managed to reach people in the following areas:

#### Q1. Postcodes of respondents

HD1	HD2	HD3	HD4	HD5	HD7	HD8	HD9	WF12	WF13	WF14	WF15	WF16	WF17	BD19
17	34	22	22	17	29	15	24	28	19	15	3	4	44	6

From the following only 5 respondents did not provide their postcode. From those who did we can see that there is a range of views from across the local area. The largest responses came from WF17 Batley and HD2 Birkby, with the smallest representation from WF15 and WF16 Liversedge and Heckmondwike.

## Q2. We asked people to tell us why they used the podiatry service

From the responses we received, not all respondents answered this question, patients told us the following:

	Number of respondents
General Foot care	223
Nail Surgery	32
Bio-Mechanics	4
Diabetic Checks	31
Wound care	7
<b>Total</b>	<b>297</b>

It is clear from the sample group of 304 patients that the majority of respondents 73% use the podiatry service to support general foot care. Other reasons for using the podiatry service accounts for 24% of the population. In total 7 patients did not answer this question

From the 223 people who stated that they visited the podiatrist for general foot care some people told us the specific treatment they had received. The following table shows the specific treatments and how many people reported visiting the podiatrist. It is worth noting that most respondents (but not all) mentioned more than one treatment. For those who mentioned more than one treatment each treatment has been recorded separately. The findings are set out below:

<b>General foot care (223 responses) – NB: not all respondents provided a response, and most (not all) provided more than one reason for the visit.</b>		
Treatment received	Number of responses	Additional information
Nail cutting	141	The reasons cited and the numbers responding (x) are as follows: Arthritis (2), Disability (1), Old Age (2), Warfarin (1), unable to bend/do own nails (6), nails thinned (4), thick toe nails (5), deformed nails (1), split skin (1), stroke (5), Diabetic (9) knee replacement (1)
Hard skin	42	
Diabetic Checks	32	
Corn Removal and recurring corns	38	Corn removal (27) Recurring (11)
General foot health	17	There was little information about what this means but it was usually

		ticked in conjunction with one other treatment.
Calluses and bunions	12	Calluses (9) – which included one patient with Polio, Bunions (3)
Treatment following foot/nail surgery	8	
In growing toe nails	8	
Foot fungal, nail fungus and athletes foot	7	Fungal - toe (4) nail (2), athletes foot (1)
Wound care	5	
Filing rough skin/checking between toes	4	

From the 141 who stated that they used the service for nail cutting only 38 respondents stated their reasons for using the nail cutting service. These are highlighted in the table under additional information.

Other treatments and the number of respondents (x) which were smaller sample responses are: hammer toes (2), arthritic feet management (1), cysts (1), large toes (2), insoles (2), management of toes (1), skin problems (2), sensation check (1), swollen feet and circulation (1), blade work (1), cancer patient (1), verruca (1).

**Q3. We asked how often people use the current service**, the following responses were received (not all respondents answered this question)

Once/first time	occasionally	4 weeks or less	5-8 weeks	9-12 weeks	13 weeks or more	6 months	2 years
10	6	13	42	179	39	1	1

From those responding the table suggests that the majority of patients 179 currently use the service between 9-12 week intervals with only 47 respondents using the service 13 weeks or more.

**Q4. How do you think the guidance would affect you as a patient?**

We received only 43 comments to this question which may suggest that respondents did not fully understand the impact NICE guidance may have on them as an individual. From those responding 7 people stated they did not know what this would mean. The other comments provided a variety of perspectives which are listed below. These have been categorised in to key themes.

**Theme 1: Unable to manage my own foot care** (12 people) the reason for the concerns raised are set out below.

- Could not manage without cutting of toe nails
- Unable to manage foot hygiene as it may result in falls

- I wouldn't be able to manage my own care because my hands shake uncontrollably and I have trouble breathing when I bend over
- There is no way I could cut my own nails
- I cannot do my own feet
- Getting my feet, nails etc. is a big help to me, I cannot bend down to cut my own feet etc. ( x 2 responses)
- It helps as I can't but toe nails as bending down affects breathing
- Cannot do my own nails due to hammer toes
- If I did not use your service I cannot bend down to do my general foot care or clip my toe nails
- Self- unable to deal with problems
- We would have great difficulty cutting our nails
- Wouldn't be able to do it

**Theme 1: Concerns because I am a diabetic** (7 people) the reason for the concerns are set out below.

- I am diabetic and I need foot treatment
- I am a diabetic and need to be seen
- I should be worried about my diabetes
- Need to take into account diabetic monitoring as well as nail cutting
- As a diabetic, helpful to know how feet may be affected
- The diabetic checks being done at a escalated level
- I have diabetes but also arthritis. I could not handle clippers without cutting myself my hands are not strong enough. There are problems if the nails are not cut properly by a professional

**Theme 3: Foot or other problems may get worse** (4 people) the reason for the concerns are set out below:

- Nails would grow, corn would get worse
- The hard skin on my feet re-grows after one month and I could do to use the service more, but I'm restricted to 9-12 weeks
- This service in my case is absolutely necessary to maintain mobility
- May prevent me from having my nails cut

**Other comments** are listed below although the comments about continuing with the current service (4) are not listed but noted:

- Unhappy with the Nice Guidance, there is a danger that patients like me will fall between the cracks. We are not a burden of the service, this is another example of cutting the costs.
- Very bad indeed
- The treatment I get is excellent
- I am visually impaired
- May get earlier treatment or not
- Unable to visit a podiatrist- House bound

- I assume I would still qualify for service otherwise it would cause problems with walking
- Good for letting me know how my feet look and anything that I should be doing
- Concerned if not a podiatrist cutting then whom?
- We are not in a position to afford private care
- I understand why I might not need a podiatrist to cut my nails but I do want someone who is trained to work with my feet

**Q5. What would we need to consider if we had to change the way the podiatry service is currently provided?**

All the responses received from asking this question are listed below. As all of them are individual views it is worth reading each one as there seems to be a level of concern that those still needing treatment may not get it or do not have alternative arrangements to secure treatment or are unable to travel.

- I would not get the treatment I need badly
- The patients care and needs
- Losing my feet or legs or life (2 respondents)
- Don't change what is not broken just to satisfy political dogma
- I would be in pain
- Know the patients long term conditions, not the symptoms
- You would have to consider my health and crippled state with walking, and would prefer to attend every 5-8 weeks and suffer with fungal infections
- My health would suffer and I cannot afford to pay privately. After 8 weeks my nails are so long I cannot wear shoes and need sandals which is not suitable all year round
- It will be rather difficult for me to try to cut my toe nails for myself
- I cannot do my own feet
- More staff, more appointments, more opportunity to get treatment earlier
- Ill patient
- My nails grow faster than the current service is prepared to cut them. More frequent appointments needed so that they can be looked after professionally
- Shorter than 13 weeks
- Not having to wait too long for appointments
- Able to still get regular treatment
- Would not be mobile
- The need of proper foot care due to my disability
- I think the new appointment service from the clinic is better
- Ok with it, good, nothing (3 respondents)
- Ways to improve appointments
- See more often, more frequent visits
- Where would I have to go? How far away would it be?
- Need to make sure some service available specially for elderly and diabetes
- May need to provide podiatry service at home rather than in clinic. Need to appreciate family can't help with podiatry needs

- Leave as it is, no change needed, I think it is a good service as it is, treatment as usual please (4 respondents)
- Who could look after my feet because I can't bend to do my nails or see under my feet or between my toes
- Seek assistance elsewhere
- Some other ways to obtain nail cutting
- We are in a bad position transport wise, distance wise is difficult ( 2 respondents)
- I think the time between cuts is right, I think that the people who cut my nails do it well. It never hurts like it did when my wife tried. I can't reach my own feet. I cannot hold scissors or clippers so I can't do it myself

### **Q6. Do you have any other suggestions or comments?**

The suggestions and comments can be placed under three themes. These comments and suggestions need be considered as part of any service change or improvement. Each theme sets out the aspects of the service people feel works well, the areas which require improvement and any other considerations.

#### **Theme 1 -Satisfaction with the current service**

- Well satisfied 100% with the current service
- Always been excellent service
- We appreciate all the treatment we have had in the past and consider the service should continue to help maintain mobility problems
- This service keeps me mobile and since having this service has improved my lifestyle
- My wife and I are satisfied with the service we get at Fartown Health Centre
- I have found it invaluable
- The clinic in Marsden is really good and is very good with me and my problem feet
- Staff do an excellent service to me, its fine as it is
- They are very good at solving problems, I had a cut she cleaned it up, I had some hard skin she removed and another time she gave my wife advice about dried feet
- Wonderful service, kind gentle staff

#### **Theme 2 - Dissatisfaction with the current service**

- A change in attitude of those in charge. The critical point is service not saving money
- Since (name removed) has been Locala service disgraceful
- It should be more frequent
- Current service is not sufficiently responsive to expressed needs at present. My needs have to fit the service offered so my nails grow to the point where I cannot wear shoes comfortably and I have to find someone who will trim them until I can see the podiatrist
- Some patients need to see podiatrist sooner rather than later but getting an earlier appointment is not available. Extra staff are needed to accommodate these people
- Would be nice to get an appointment a bit nearer to home and not have long to wait for one
- See more often

- More often appointments

### Theme 3 - Concerns about the future

- All patients don't 'fit all' some may be able to cut their nails but others like myself would lose my mobility which is poor enough as it is
- I wish to get the same service as at present, but a bit more frequent
- Not really. Just like to see the service on a shorter time period
- My wife and I are satisfied with the service we get at Fartown Health Centre
- My wife is reluctant to cut my nails in case infection sets in (If damaged) due to my diabetes

### 5.2.3 Summary of results

The findings would suggest that patients are worried about any change to current services. The main concerns are:

- Will I still receive the service?
- Where else would I go to get the care and treatment I need?

In addition we received only 43 responses to the question relating to Nice Guidance which would suggest that people may not have understood how the guidance would be applied and who would still receive a service, and who would not. Any further communication needs to ensure that patients understand what the NICE guidance means for them.

## 6. Equality

The equality information can only be based on the engagement delivered in June-July 2016 across Kirklees. Previous engagement activity did not collect this data so the sample group is smaller than expected.

All respondents were asked as part of the engagement to complete an equality monitoring form. From this we received 275 completed or partially completed equality monitoring forms – it is worth noting however that not all respondents answered all the questions – therefore the data may not provide an accurate reflection of the audience reached. The findings from the equality monitoring forms received and the questions answered is presented below.

### 6.1 Findings from the equality monitoring forms

The equality data has been analysed to understand if the survey reached a representative sample of the community of Greater Huddersfield and North Kirklees compared to Census data 2011 for Kirklees.

**Sex:** There were more women (162 or 44.5%) than men (113 or 31%) who completed an equality monitoring form and participated in the survey. This is not a representative sample of the Kirklees population.

Census 2011	<b>Men</b>	<b>Women</b>
<b>Kirklees</b>	49.4	50.6

**Age:** The age range of participants was from the age of 28-92. This shows a broad age captured, however due to the small number of young people treated we were unable to capture information from this group. The majority of patients are aged 50-89. We are yet to understand how many young people use the podiatry service and if any changes will impact this group.

Census 2011	<b>0-4</b>	<b>5-15</b>	<b>16-24</b>	<b>25-44</b>	<b>45-64</b>	<b>65-84</b>	<b>85+</b>
<b>Kirklees</b>	6.6	13.7	11.9	26.2	25.2	14.6	2

**Ethnicity:** The sample gathered for ethnicity is not representative of the ethnicity within Kirklees. The findings show that the majority of respondents who completed the equality monitoring form were White British people who accounted for (83 or 30%) of those responding with Asian/Asian British Pakistani only representing (7 or 2.5%). In addition we received a small number of people responding with other ethnic groups accounting for an additional (9 or 3%). The majority of people 64.5% did not respond to this question.

Census 2011	<b>White: English/Welsh/Scottish/Northern Irish/British</b>	<b>White: Irish</b>	<b>White: Gypsy or Irish Traveller</b>	<b>White: Other White</b>	<b>Mixed/multiple ethnic group: White and Black Caribbean</b>	<b>Mixed/multiple ethnic group: White and Black African</b>
<b>Kirklees %</b>	76.7	0.6	0.0	1.8	1.2	0.2

	<b>Mixed/multiple ethnic group: White and Asian</b>	<b>Mixed/multiple ethnic group: Other Mixed</b>	<b>Asian/Asian British: Indian</b>	<b>Asian/Asian British: Pakistani</b>	<b>Asian/Asian British: Bangladeshi</b>	<b>Asian/Asian British: Chinese</b>	<b>Asian/Asian British: Other Asian</b>
<b>Kirklees %</b>	0.6	0.3	4.9	9.9	0.2	0.3	0.7

	<b>Black/African/Caribbean/Black British: African</b>	<b>Black/African/Caribbean/Black British: Caribbean</b>	<b>Black/African/Caribbean/Black British: Other Black</b>	<b>Other ethnic group: Arab</b>	<b>Other ethnic group: Any other ethnic group</b>
<b>Kirklees %</b>	0.6	1.1	0.2	0.3	0.4

**Religion:** There is low representation across religions and religious belief with only (5 or 1.8%) participants who identified themselves as Muslim, however there was a larger

sample group of people who stated they had Christianity as their religion (74 or 26.9 %). Again only (11 or 4%) stated other religions including Hindu, and Sikh, again just under 67% did not state their religion or religious belief.

Religion	Christian	Muslim	Buddhist	Sikh	Hindu	No religion
Kirklees %	53.4	14.5	0.2	0.8	0.4	23.5

**Carers:** The sample is not representative of the Kirklees population of carers with only (6 or 2.1%) of respondents stating they were a carer or had caring responsibilities.

<b>Carers</b>	<b>6 or 2.1 %</b>
<b>Kirklees %</b>	<b>10.4</b>

**Disability:** The sample group of people completing this question was greater with 102 people responding. However only 57 of these people or 20% of those completing the equality monitoring form stated they had a disability. This is higher than the Kirklees figure for people with a disability.

Disability	Day to day activities limited a lot	Day to day Activities limited a little
Kirklees %	8.4	9.3

**Sexuality:** A high number of the sample group did not state their preference or preferred not to say.

Sexuality	Heterosexual	Gay	Bisexual	Not stated	Prefer not to say	Other
	163	1	5	64	70	2

## 6.2 Key Themes:

The limited equality data makes it harder to identify the diversity of the population targeted as part of the engagement. However in order to understand the impact of any service change or improvement on protected groups it is necessary to ensure any further engagement targets specific audiences. The people who will need to be targeted further are:

- Men who use the service
- Children and young people who use the service
- Asian/ Asian British and other ethnic groups other than White British
- Religion and religious belief other than Christianity

The equality impact assessment will use the equality data collected to provide key themes for specific groups. The local data collected will ensure that we can monitor if we have engaged the right people during any engagement process. Where there are gaps in gathering the views of specific groups relating to the protected characteristics, this will be addressed.

Any completed EQIA will be used to support the relevant decision making body to be assured that they have given due consideration to any potential impacts on protected groups.

## 7. Key Themes

In summary the key themes from the engagement activity is as follows:

- **People are concerned about any change taking place** – people were worried about how changes would affect them and what alternatives would be in place.
- **Low responses to the NICE guidance** would suggest people may not have understood the implication of NICE guidance on the current service.
- **Happy with service** – most patients are happy with the service they receive. As an organisation we strive to improve where possible and ensure our patients always receive outstanding care at all times.
- **Appointments** – there are a number of comments in Patient Opinion, Friends & Family, complaints and face to face engagement about appointments within the Podiatry service. This varies from not being able to get an appointment, to wanting more choice and being seen more regularly. 52% of patients stated that they would like/might like a greater choice of appointments.
- **Patients are generally happy** but some would like to be seen before 12 weeks
- **A more efficient booking system** has been put in place recently and other plans are in place to make booking easier for patients.

## 8. How the findings will be used

The engagement findings will be used to help us understand what we need to consider when developing our options for future services.

We need to ensure that we provide platforms for further conversations in particular to reach specific protected groups whose views may not be captured by this process.

## LOCALA QUALITY IMPACT ASSESSMENT

### Section 1: Potential change & consultation

<b>Identified need for change</b>	<p>From the 1st October 2015, the Greater Huddersfield Podiatry service transferred to Locala. When the service transferred, due to the large volume of patients requiring appointments and the implementation of single point of access- the service received a large number of complaints. The majority of complaints were from patients who couldn't make an appointment for their nails cutting. This led us to look at the caseload mix and it was identified that there was a large number on the caseload with a low podiatry risk and low medical need- i.e. receiving social nail care. To ensure we had the correct information we undertook some engagement to understand why patients visited the service.</p> <p>As well as this all staff were instructed to review patients at appointments and record a risk score using the podiatry matrix.</p> <p>The provision in Huddersfield was also provided a number of locations which did not support maximising the available clinical time.</p> <p>A business case was written and submitted to EMG.</p> <p>Demand for the podiatry service in Kirklees is growing and we need to think about making some changes. We want to make sure that the service can support the increasing number of people with long-term health conditions and ensure we are proactively managing patients with the greatest needs.</p>
<b>Business Unit / Corporate Department</b>	<b>Wellbeing Business unit.</b>
<b>Project Lead</b>	<b>Amina Hans-Adam</b>
<b>Date commenced</b>	<b>December 2015</b>
<b>Service user consultation / engagement</b>	<p><b>Level of engagement required:</b></p> <p><b>As this was a proposed significant change to the service a full engagement exercise was required.</b></p> <p><b>Engagement to be conducted by:</b></p> <p><b>Emma Dickens &amp; Sarah True</b></p>

	<p><b>Required actions:</b></p> <p>The engagement findings will be used to help us understand what we need to consider when developing our options for future services.</p> <p>We need to ensure that we provide platforms for further conversations in particular to reach specific protected groups whose views may not be captured by this process.</p>
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**Section 2 – The proposal / concept (Project Lead to complete)**

<b>Detail of the current process</b>	<p><b>Currently the service receives new patient referrals from GP and other HCP as well as Self referrals. Referrals are triaged and placed on a waiting list. An opt in letter is sent and patients will contact the service to book an appointment at a time and location to suit them.</b></p> <p><b>Patients are assessed and are given appropriate treatment/advice and either accepted into the service where risk score is 4 and above or if risk score is below level 4 – discharged.</b></p>
<b>Detail of the proposed change, following engagement</b>	<p><b>Kirklees wide- enforcing the podiatry criteria to new and existing patients</b></p> <p><b>Greater Huddersfield only- Proposed reduction of locations</b></p>
<b>Drivers for change (e.g. NICE guidance / Professional or CQC requirements)</b>	<p>Whilst there is not any Specific National Institute of Clinical Excellence (NICE) guidance around foot care provision, there is guidance around long term conditions that affect the feet. These conditions (Diabetes, Rheumatoid Arthritis, and Peripheral Arterial Disease) require podiatry input for the assessment, management and prevention of amputations and other complications as well as maintaining mobility. The nice guidance we refer to is: Diabetic foot problems: prevention and management <a href="#">[NG19]</a>. Rheumatoid arthritis in adults: management Clinical guideline <a href="#">[CG79]</a>. Peripheral arterial disease: diagnosis and management Clinical guideline <a href="#">[CG147]</a>.</p> <p><b>Another Driver for change is the amputation rate per 1000 population- the rate in England is 2.6 per 1000 however in Greater Huddersfield it is 3.7 per 1000 population.</b></p>

Evidence to support the proposed change (hard and soft intelligence)	Approximately 25% of the caseload is patients with low podiatry/medical need. Increasingly difficult to arrange appointments for those with higher podiatry/medical need.
Colleagues involved in the proposal / QIA development	Customer engagement Manager, Operational Manager, Podiatry team leaders, podiatrists, Quality Manager.

**Section 3 – Assessing the potential impact (Project lead with support from Quality Manager. Must involve clinicians and relevant Business Unit/Corporate Team colleagues)**

<b>Potential impact on:</b>			
Patient safety assessment (consider Infection Control, Safeguarding, Health and Safety, Incidents)	<p><b>Narrative:</b> The changes that will affect patients within the podiatry service are the enforcement of the existing podiatry matrix.</p> <p><b>Benefits:</b></p> <ul style="list-style-type: none"> <li>High risk podiatry patients are seen at appropriate intervals and receive interventions in a timely manner contributing to reduction of further intervention and deterioration of existing conditions.</li> </ul> <p><b>Risks (including mitigation):</b></p> <ol style="list-style-type: none"> <li>Patients with a low medical and low podiatry need (low risk score) e.g. toe nails cutting, will not be accepted into the service. There is a possibility that this may lead to increased risk of problems associated with long toe nails e.g.- mobility issue and pain in feet. <u>Mitigation</u>- upon discharge patients will receive information about appropriate HCP registered clinicians where chiropody services can be acquired. In addition all patients discharged will receive a self-help guide and practical tips of looking after their feet.</li> </ol>		
SCORE risks only (see matrix in Part B)	IMPACT = 2	LIKELIHOOD = 3	TOTAL= 6

<p><b>Clinical effectiveness assessment (consider NICE and other clinical / professional guidelines)</b></p>	<p><b>Narrative:</b> Whilst there is not any Specific National Institute of Clinical Excellence (NICE) guidance around foot care provision, there is guidance around long term conditions that affect the feet. These conditions (Diabetes, Rheumatoid Arthritis, and Peripheral Arterial Disease) require podiatry input for the assessment, management and prevention of amputations and other complications as well as maintaining mobility. The nice guidance we refer to is: Diabetic foot problems: prevention and management <a href="#">[NG19]</a>. Rheumatoid arthritis in adults: management Clinical guideline <a href="#">[CG79]</a>. Peripheral arterial disease: diagnosis and management Clinical guideline <a href="#">[CG147]</a>.</p> <p><b>Benefits:</b> Following NICE guidance and improved resource for those with the greatest need both medical and podiatric.</p> <p><b>Risks (including mitigation):</b> no clinical risks associated with toe nail cutting.</p>		
<p><b>SCORE risks only (see matrix in Part B)</b></p>	<p><b>IMPACT = 1</b></p>	<p><b>LIKELIHOOD = 1</b></p>	<p><b>TOTAL= 1</b></p>
<p><b>Patient experience assessment (consider patient choice, personalised care also carers, members of the public)</b></p> <p><b>NB: Please refer to Appendix E of the QIA policy &amp; discuss with your Customer Engagement Manager to ensure appropriate patient/service user engagement in this</b></p>	<p><b>Level of engagement required:</b> Engagement with patients of the podiatry service</p> <p><b>Engagement to be conducted by:</b> Customer Engagement team</p> <p><b>Outcome of engagement:</b> engagement document as above</p> <p><b>Required actions:</b> To ensure that we provide platforms for further conversations in particular to reach specific protected groups whose views may not be captured by this process</p>		

assessment)	<p><b>Narrative:</b> it is estimated that approximately 25% of the current caseload excluding anyone over the age of 80 years will be discharged from the service following enforcement of the criteria.</p> <p><b>Benefits:</b> Patients who require more intensive interventions receive them in a timelier manner due to improved capacity.</p> <p><b>Risks (including mitigation):</b> Increased complaints about access to service with low risk patients <u>Mitigation</u>- upon discharge patients will receive information about appropriate HCP registered clinicians where chiropody services can be acquired. In addition all patients discharged will receive a self-help guide and practical tips of looking after their feet.</p>		
SCORE risks only (see matrix in Part B)	IMPACT = 1	LIKELIHOOD = 3	TOTAL= 3
Productivity and innovation assessment (consider KPI /Quality Measures/ cost effectiveness/efficiencies)	<p><b>Narrative:</b> Improved care for patients with long term conditions in line with NICE guidance.</p> <p><b>Benefits:</b>  Improved care for patients with long term conditions in line with NICE guidance. Improved quality of care for those with the greatest need- positively contributing to reduction in amputations specifically for the Greater Huddersfield area</p> <p><b>Risks (including mitigation):</b>  None identified</p>		
SCORE risks only (see matrix in Part B)	IMPACT = 1	LIKELIHOOD = 1	TOTAL= 1

<p><b>Other impact assessment (consider impact on other services, patient groups, staff or reputation of the organisation)</b></p>	<p><b>Narrative: This may affect staff , patient groups and the reputation of the organisation.</b></p> <p><b>Benefits:</b>  <b>Staff- utilising clinical time more effectively with high risk patients and proactively managing complication .e.g. wound care</b>  <b>Reputation- Lowering % rate of amputations will reflect positively. Increased satisfaction for patients with complex needs- right care, right person and timely.</b></p> <p><b>Risks (including mitigation):</b>  <b>Risk of increased complaints from low risk patients could impact the reputation of the organisation via media.</b></p>																																					
<p><b>SCORE risks only (see matrix in Part B)</b></p>	<p><b>IMPACT = 2</b></p>	<p><b>LIKELIHOOD = 3</b></p>	<p><b>TOTAL = 6</b></p>																																			
<p><b>Equality and diversity assessment (consider the nine 'Protected Characteristics' under Equality Act, 2010)</b></p> <p>✓  <b>NB: This should be a review of a service's existing Equality Impact Assessment. If this doesn't exist this should also be completed in full alongside the QIA.</b></p>	<table border="1" data-bbox="651 762 2027 1050"> <tr> <td><b>Service Users</b></td> <td><input checked="" type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Indirectly</td> </tr> <tr> <td><b>Carers or family</b></td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input checked="" type="checkbox"/></td> <td>Indirectly</td> </tr> <tr> <td><b>General Public</b></td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input checked="" type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Indirectly</td> </tr> <tr> <td><b>Staff</b></td> <td><input checked="" type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Indirectly</td> </tr> <tr> <td><b>Partner organisations</b></td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input checked="" type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Indirectly</td> </tr> </table> <p><b>Who does this change impact upon?</b></p>			<b>Service Users</b>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Indirectly	<b>Carers or family</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Indirectly	<b>General Public</b>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Indirectly	<b>Staff</b>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Indirectly	<b>Partner organisations</b>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Indirectly
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<b>Partner organisations</b>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Indirectly																																

	Group	Positive (Y/N)	Negative (Y/N)	Neutral (Y/N)	Reasons for Positive/negative impact.	
	Age			Y		
	Disability			Y		
	Race			Y		
	Religion & belief			Y		
Gender			Y			

	Sexual orientation			Y	
	Gender reassignment			Y	
	Marriage & Civil Partnership			Y	
	Vulnerable groups			Y	
	<b>Does the activity raise any issues in relation to Human Rights as set out in the Human Rights Act 1998?:</b>				
<b>Action following analysis:</b>					
<i>Tick to indicate action</i>					
<i>An action plan should be completed as required</i>					
Continue with activity – no adjustments required					
Continue with activity with adjustment					
Stop and reconsider activity					
<b>Risks (including mitigation):</b>					
SCORE risks only (see matrix in Part B)	IMPACT = 1		LIKELIHOOD = 1		TOTAL= 1
<b>TOTAL SCORE (Average)</b>	3		Proceed with project in its current format?		Yes/No

**Section 4 – Mitigation of risks to quality (to be put in place before the change is implemented)**

Action	Responsible person	Timescale	Outcome

**Section 5 – QIA Key Performance Indicators (working with Performance Team)**

Baseline Assessment - prior to the change			
Indicator (examples included)	Baseline Measure	Date	Review Period (i.e. monthly)
1. Total number of clinical incidents	8	01/10/15-30/09/2016	Monthly after implementation
2. Total number of non-clinical IT incidents	Not applicable		
3. Total number of incidents graded 'severe'	None		

<p>4. <i>Staff sickness levels including those attributed to stress</i></p>	<div data-bbox="465 194 1603 655" style="border: 1px solid black; height: 289px; width: 508px;"></div> <div data-bbox="465 692 1603 1153" style="border: 1px solid black; height: 289px; width: 508px;"></div>		
<p>5. <i>Staff turnover levels</i></p>			
<p>6. <i>Formal complaints</i></p>			



## Section 7 – Approval and Review

APPROVAL BY	DATE	COMMENTS
Operational Approval		
Business Unit Approval		
Scrutiny Management Group Approval		
REVIEW BY	DATE	ACTIONS / ISSUES IDENTIFIED
Operational Review (minimum 6 monthly)		
Business Unit Review (following Operational review)		
Scrutiny Management Group (following BU Review)		

## Part B: Scoring Matrix

Quality is described in 5 areas, each of which must be assessed separately. Where a potentially negative risk score is identified and is greater than (>) 12\* this indicates that a more detailed assessment is required in this area and an action plan describing the mitigation required must be developed.

		Severity of Impact				
		Minor	Low/Moderate	Serious	Major	Fatal / Catastrophic
Likelihood of Occurrence	Almost certain	5	10	15	20	25
	Likely	4	8	12	16	20
	Moderate	3	6	9	12	15
	Unlikely	2	4	6	8	10
	Rare	1	2	3	4	5

<b>Risk score</b>	<b>Category</b>
	Low risk (green)
	Moderate / High risk (orange)
	Extreme risk (red)

LIKELIHOOD		IMPACT	
1	RARE	1	MINOR
2	UNLIKELY	2	MODERATE / LOW
3	MODERATE / POSSIBLE	3	SERIOUS (Limited transformation to ways of working/models of care, start to have reputational damage with public or commissioners, minimal impact on patient experience/clinical outcomes, increase in patient safety incidents, some impact on achieving specific KPIs)
4	LIKELY	4	MAJOR (unable to transform services to meet agreed ways of working/models of care, moderate reputational damage with public or commissioners, moderate impact on patient experience/clinical outcomes, increase in serious incidents and potential patient harm, moderate impact on achieving KPIs)
5	ALMOST CERTAIN	5	FATAL / CATASTROPHIC (single point of failure or only discipline in that team, significant impact on KPI/commissioner requirements, inability to deliver the service as contracted, risk of never event, significant impact / failure in KPI achievement, patient harm would occur)

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# Equality Analysis and Impact Assessment

## Section 1: Initial Assessment

<b>Name of Activity:</b> <i>Policy/service</i>	Proposed re-design of podiatry services provision in the Kirklees area to include reducing number of clinic locations in South Kirklees. Secondly, across the whole of Kirklees, we propose to apply the existing podiatry criteria, this will mean that people who access the service with low level problems such as hard skin, toe nail cutting, corns or verrucae will no longer be referred to the service. It also means some people with low level needs who are already receiving the service and are not eligible will be discharged.
<b>Manager or Sponsoring Directorate Manager:</b>	Amina Hans-Adam, Operations Manager Helen Jones, Head of Operations
<b>Department/Directorate</b>	Adult Planned
<b>Service:</b>	Podiatry
<b>Assessment Lead:</b>	Sarah True, Customer Engagement Manager
<b>Telephone:</b>	030 3330 9946
<b>Email:</b>	Sarah.true@locala.org.uk
<b>Who else will be involved in this Equality Impact Assessment (EIA):</b>	Katie Pickles, Quality Manager
<b>Who will be consulted and how?</b>	Existing service users, carers, colleagues and partner organisations will be consulted. This will be done using a printed consultation document including a questionnaire. Posters will be issued to all current locations and the Locala and CCG websites will have a specific page dedicated to the consultation and an online survey. We will also use other methods to communication with the target group: social media, focus groups, posters, public relations, drop-in sessions.
<b>Please insert any information around surveys and consultations undertaken:</b>	
<b>References:</b> <i>Please identify additional sources of information you have accessed to complete the EIA for example, websites, journals, reports etc.</i>	S1 reports re existing caseloads for current sites

<b>Implementation date:</b>	April 2017																						
<b>How was the need for the activity identified?:</b>	From the 1 <sup>st</sup> October 2015, the Greater Huddersfield Podiatry service transferred to Locala. When Locala took over the Podiatry service work was done on capacity and workload, a review of complaints and feedback was also used as part of this process. It was identified that the podiatry service needs bringing into line with national guidance in order to treat the increasing number of people with long-term health conditions.																						
<b>What is the activity aiming to achieve?:</b>	<ul style="list-style-type: none"> <li>• Improve provision and access of the podiatry service in the Greater Huddersfield area.</li> <li>• Increase choice of appointments for patients</li> <li>• Improve working conditions for staff, less travelling more team support</li> <li>• Ensure that the needs of patients with long-term conditions are met</li> </ul>																						
<b>Recommendations following this EIA:</b>	<ul style="list-style-type: none"> <li>• Ensure that during the consultation period data is collected from groups where a negative impact has been identified</li> <li>• Collect and monitor data from patients to ensure the service has a full record of diversity of its patient group.</li> </ul>																						
<b>Who does this policy or decision being made impact upon?:</b>	<table border="1"> <tr> <td><b>Service Users</b></td> <td><input type="checkbox"/> <b><u>Yes</u></b></td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Indirectly</td> </tr> <tr> <td><b>Carers or family</b></td> <td><input type="checkbox"/> <b><u>Yes</u></b></td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Indirectly</td> </tr> <tr> <td><b>General Public</b></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> <b><u>No</u></b></td> <td><input type="checkbox"/> Indirectly</td> </tr> <tr> <td><b>Staff</b></td> <td><input type="checkbox"/> <b><u>Yes</u></b></td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Indirectly</td> </tr> <tr> <td><b>Partner organisations</b></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> <b><u>Indirectly</u></b></td> </tr> </table>			<b>Service Users</b>	<input type="checkbox"/> <b><u>Yes</u></b>	<input type="checkbox"/> No	<input type="checkbox"/> Indirectly	<b>Carers or family</b>	<input type="checkbox"/> <b><u>Yes</u></b>	<input type="checkbox"/> No	<input type="checkbox"/> Indirectly	<b>General Public</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> <b><u>No</u></b>	<input type="checkbox"/> Indirectly	<b>Staff</b>	<input type="checkbox"/> <b><u>Yes</u></b>	<input type="checkbox"/> No	<input type="checkbox"/> Indirectly	<b>Partner organisations</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> <b><u>Indirectly</u></b>
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## Section 2: Equality Analysis and Impact Assessment

Does the activity/service redesign have the potential to:

- Have a **positive** impact (benefit) on any of the groups?

Signature & Date:

S True/K Pickles 15/03/2017

• Have a <b>negative</b> impact/exclude/discriminate against any person or group? ( <i>Explain how this was identified? Evidence/Consultation?</i> )					
Group	Positive (Y/N)	Negative (Y/N)	Neutral (Y/N)	Reasons for Positive/negative impact.	Action No.
Age		Y		Some patients may feel anxious at having to attend a new clinic in unfamiliar surroundings and may not have transport to another location.	1
Age		Y		Some patients who will no longer be eligible for podiatry services will have problems cutting their own toe nails. If they do not make other arrangements they could end up being referred back into the service because of lack of nail care.	2
Age	Y			Patients with long term conditions will be able to access the service more easily and have a better choice of appointments.	
Disability		Y		Some patients may have concerns at having to attend a different location where they feel their needs might not be addressed.	3
Disability		Y		Some patients who will no longer be eligible for podiatry services will have problems cutting their own toe nails. If they do not make other arrangements they could end up being referred back into the service because of lack of nail care.	4
Disability	Y			Patients with long term conditions will be able to access the service more easily and have a better choice of appointments.	
Race			Y		
Religion & belief			Y		
Gender			Y		

Sexual orientation			Y		
Gender reassignment			Y		
Marriage & Civil Partnership			Y		
Vulnerable groups		Y		Some patients may find it a challenge to attend a different clinic.	5
Does the activity raise any issues in relation to Human Rights as set out in the Human Rights Act 1998?:				NO	
Action following analysis: <i>Tick to indicate action</i> <i>An action plan should be completed as required</i>				Continue with activity – no adjustments required	✓
				Continue with activity with adjustment	
				Stop and reconsider activity	

Section 3: Action Plan					
Action No.	What is the negative/adverse impact?	Actions required to reduce/eliminate the negative impact?	Resources required	Who will lead on action?	Target completion date
1	Patients might not attend clinic or worry about attending the new clinic location.	<p>Engagement during consultation process to ensure feedback is captured.</p> <p>Attend clinic sessions to reassure patients about new plans.</p> <p>Ask clinicians to identify patients who they feel have concerns.</p> <p>Look into alternative transport options</p>	<p>Consultation document</p> <p>Team to attend sessions.</p>	Sarah True	<p>July 2017</p> <p>July 2017</p> <p>Ongoing</p> <p>September 2017</p>
2	Patients will not be able to cut their own toe nails and won't access other local providers	Ensure patients who are being discharged from the service are given information about other suppliers, and details about how to self-care.	Training, leaflet, information on website	Sarah True	April-July 2017

3	Patients might not attend clinic or worry about attending the new clinic location.	<p>Engagement during consultation process find out what concerns patients have.</p> <p>Attend clinic sessions to reassure patients about new plans.</p> <p>Ask clinicians to identify patients who they feel have concerns.</p> <p>Look into alternative transport options</p>	<p>Consultation document</p> <p>Team to attend sessions.</p>	Sarah True	<p>July 2017</p> <p>July 2017</p> <p>Ongoing</p> <p>September 2017</p>
4	Patients will not be able to cut their own toe nails and won't access other local providers	Ensure patients who are being discharged from the service are given information about other suppliers, and details about how to self-care.			April-July 2017
5	Patients might find it a challenge to access another location.	<p>Engagement during consultation process find out what concerns patients have.</p> <p>Attend clinic sessions to reassure patients about new plans.</p> <p>Ask clinicians to identify patients who they feel have concerns.</p> <p>Look into alternative transport options</p>	<p>Consultation document</p> <p>Team to attend sessions.</p>	Sarah True	<p>July 2017</p> <p>July 2017</p> <p>Ongoing</p> <p>September 2017</p>

## Section 4: Monitoring and Review

### Monitoring guidance

*Where will the action plan be monitored?/What will be the monitoring arrangements?*

Plan will be monitored during team meetings. Item to be added to team meeting agenda. Updates will also be given at business unit meetings for assurance.

### Reviewing guidance

**Date of the next review of the impact assessment:**

July 2017

**How frequently will the EIA action plan be reviewed?:**

Annually or when service change is required

**Who will carry out this review?:**

Sarah True, Customer Engagement Manager