



# **Engagement on Podiatry Services in Kirklees**

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

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## 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:

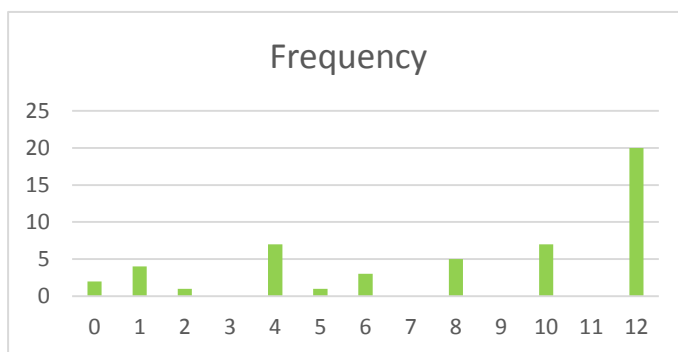
- Wednesday 9 December 9-12am The Cobbles - Meltham
- Wednesday 9 December 1.30-4.30pm Fartown
- Thursday 10 December 9-12am Mill Hill
- Thursday 10 December 1.30-4pm Meltham Road
- Monday 14 December 9-12am Scissett (Dearne Valley HC)
- Monday 14 December 1.30-4pm Princess Royal, Huddersfield

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?

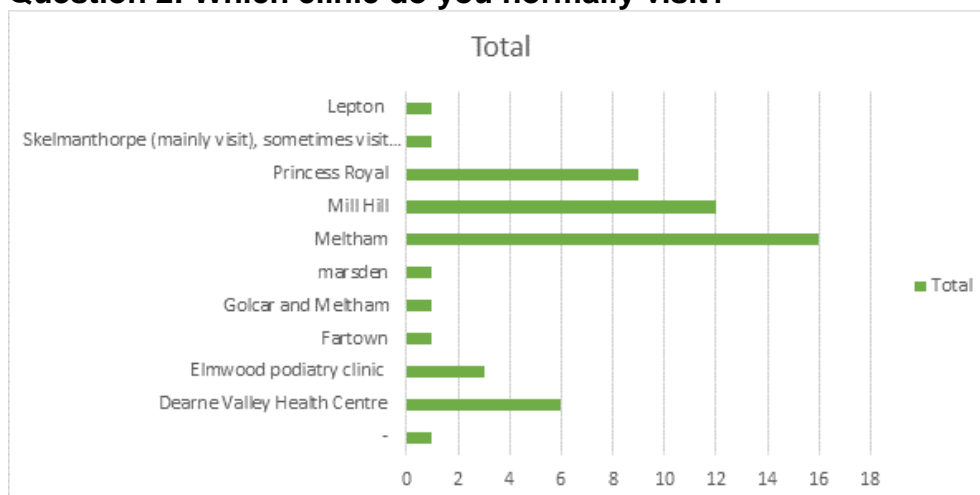
From the 51 participants who were engaged in the face to face engagement or via the online survey we asked the following questions.

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



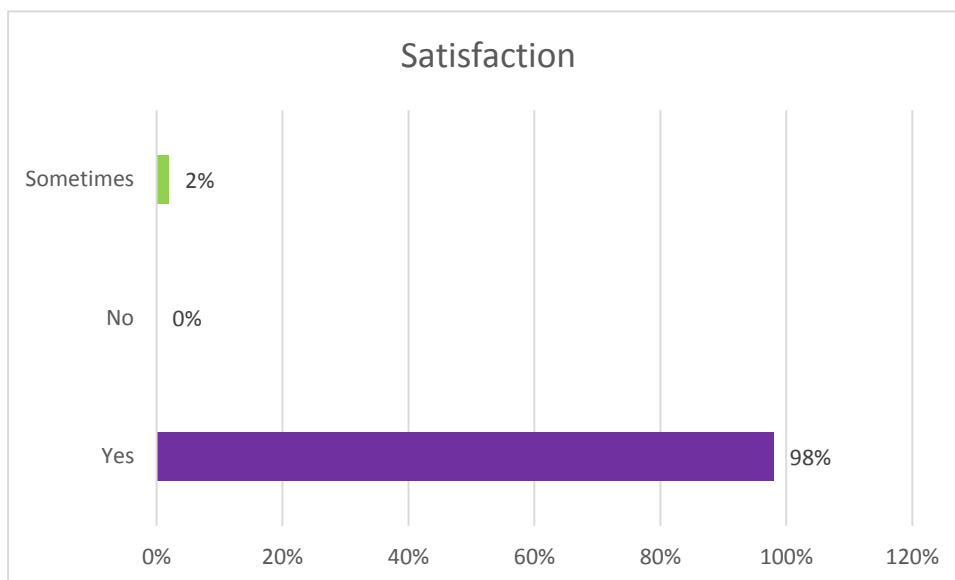
64% of those surveyed were seen every 8 weeks or more, from this 40% of respondents were seen 12 weeks or more, with the reason for the visit being cited as routine nail care.

#### 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.

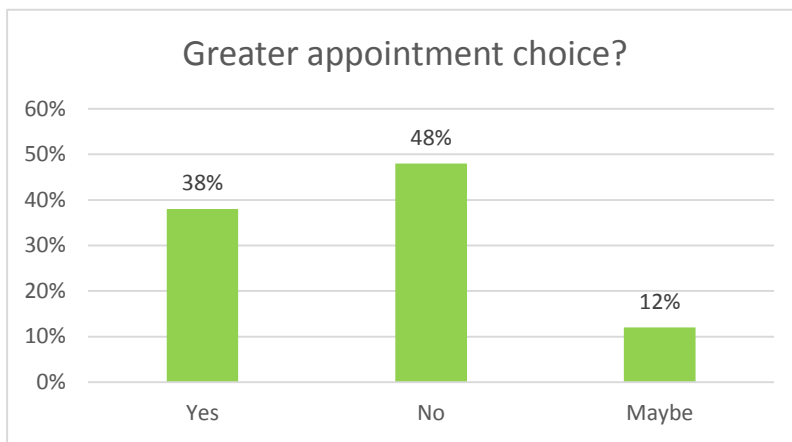
**Question 6: How would you rate the clinical environment?**

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?**

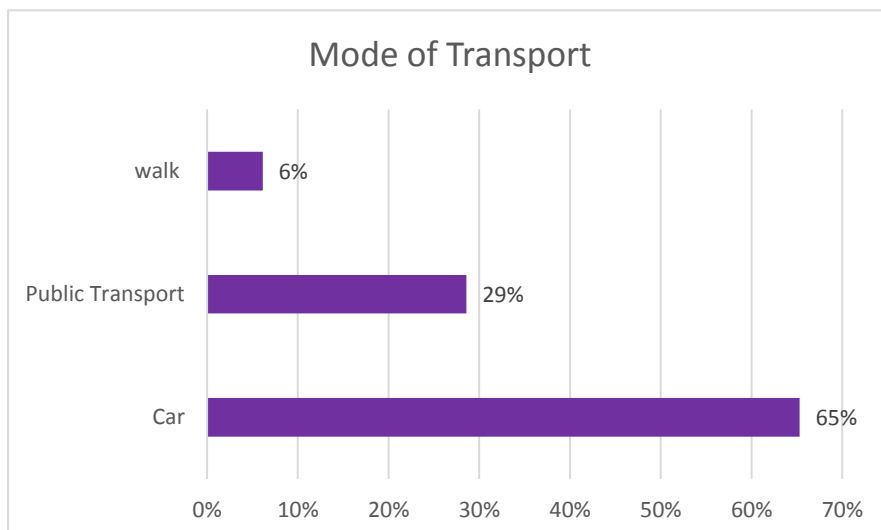
From those responding 88% stated that it mostly or very easy to get an appointment. From the remaining 12% as reported in question 5 we know that earlier appointments and access to appointments can be improved.

**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:

	<b>Number of respondents</b>
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>		
<b>Treatment received</b>	<b>Number of responses</b>	<b>Additional information</b>
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.