

LOCALA QUALITY IMPACT ASSESSMENT

Section 1: Potential change & consultation

Identified need for change	<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>
Business Unit / Corporate Department	Wellbeing Business unit.
Project Lead	Amina Hans-Adam
Date commenced	December 2015
Service user consultation / engagement	<p>Level of engagement required:</p> <p>As this was a proposed significant change to the service a full engagement exercise was required.</p> <p>Engagement to be conducted by:</p> <p>Emma Dickens & Sarah True</p>

	<p>Required actions:</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)

Detail of the current process	<p>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.</p> <p>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.</p>
Detail of the proposed change, following engagement	<p>Kirklees wide- enforcing the podiatry criteria to new and existing patients</p> <p>Greater Huddersfield only- Proposed reduction of locations</p>
Drivers for change (e.g. NICE guidance / Professional or CQC requirements)	<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 [NG19]. Rheumatoid arthritis in adults: management Clinical guideline [CG79]. Peripheral arterial disease: diagnosis and management Clinical guideline [CG147].</p> <p>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.</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)

Potential impact on:			
Patient safety assessment (consider Infection Control, Safeguarding, Health and Safety, Incidents)	<p>Narrative: The changes that will affect patients within the podiatry service are the enforcement of the existing podiatry matrix.</p> <p>Benefits:</p> <ul style="list-style-type: none"> 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. <p>Risks (including mitigation):</p> <ol style="list-style-type: none"> 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. 		
SCORE risks only (see matrix in Part B)	IMPACT = 2	LIKELIHOOD = 3	TOTAL= 6

<p>Clinical effectiveness assessment (consider NICE and other clinical / professional guidelines)</p>	<p>Narrative: 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 [NG19]. Rheumatoid arthritis in adults: management Clinical guideline [CG79]. Peripheral arterial disease: diagnosis and management Clinical guideline [CG147].</p> <p>Benefits: Following NICE guidance and improved resource for those with the greatest need both medical and podiatric.</p> <p>Risks (including mitigation): no clinical risks associated with toe nail cutting.</p>		
<p>SCORE risks only (see matrix in Part B)</p>	<p>IMPACT = 1</p>	<p>LIKELIHOOD = 1</p>	<p>TOTAL= 1</p>
<p>Patient experience assessment (consider patient choice, personalised care also carers, members of the public)</p> <p>NB: Please refer to Appendix E of the QIA policy & discuss with your Customer Engagement Manager to ensure appropriate patient/service user engagement in this</p>	<p>Level of engagement required: Engagement with patients of the podiatry service</p> <p>Engagement to be conducted by: Customer Engagement team</p> <p>Outcome of engagement: engagement document as above</p> <p>Required actions: 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>Narrative: 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>Benefits: Patients who require more intensive interventions receive them in a timelier manner due to improved capacity.</p> <p>Risks (including mitigation): 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>Narrative: Improved care for patients with long term conditions in line with NICE guidance.</p> <p>Benefits: 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>Risks (including mitigation): None identified</p>		
SCORE risks only (see matrix in Part B)	IMPACT = 1	LIKELIHOOD = 1	TOTAL= 1

<p>Other impact assessment (consider impact on other services, patient groups, staff or reputation of the organisation)</p>	<p>Narrative: This may affect staff , patient groups and the reputation of the organisation.</p> <p>Benefits: Staff- utilising clinical time more effectively with high risk patients and proactively managing complication .e.g. wound care Reputation- Lowering % rate of amputations will reflect positively. Increased satisfaction for patients with complex needs- right care, right person and timely.</p> <p>Risks (including mitigation): Risk of increased complaints from low risk patients could impact the reputation of the organisation via media.</p>																																					
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<p>Equality and diversity assessment (consider the nine 'Protected Characteristics' under Equality Act, 2010)</p> <p>✓ 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.</p>	<table border="1" data-bbox="651 762 2018 1050"> <tr> <td>Service Users</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>Carers or family</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>General Public</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>Staff</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>Partner organisations</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>Who does this change impact upon?</p>			Service Users	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Indirectly	Carers or family	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Indirectly	General Public	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Indirectly	Staff	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Indirectly	Partner organisations	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Indirectly
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	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	
	Does the activity raise any issues in relation to Human Rights as set out in the Human Rights Act 1998?:				
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
Risks (including mitigation):					
SCORE risks only (see matrix in Part B)	IMPACT = 1		LIKELIHOOD = 1		TOTAL= 1
TOTAL SCORE (Average)	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>			
<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

Risk score	Category
	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)