

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

OVERVIEW AND SCRUTINY PANEL FOR HEALTH AND SOCIAL CARE

Thursday 23rd March 2017

Present: Councillor Elizabeth Smaje (Chair)
Councillor Fazila Fadia
Councillor Judith Hughes
Cllr Steve Hall
Councillor Sheikh Ullah
Councillor Andrew Marchington
Peter Bradshaw (Co-optee)
David Rigby (Co-optee)

Apologies: Sharron Taylor (Co-optee)

In attendance: Sarah True (Locala)
Robert Flack (Locala)
Paul Cotton (Locala)
Amina Hans-Adam (Locala)
Pat Andrewartha (Greater Huddersfield CCG)
Corinne McDonald (Greater Huddersfield CCG)
Vicky Dutchburn (Greater Huddersfield CCG)
Rory Deighton (Healthwatch)
Helen Kilroy – Principal Governance and Democratic
Engagement Officer

1. **Interests**

Co-optee David Rigby declared an interest in Agenda Item 3 (Changes in Podiatry Services) on the grounds of being a member of Locala.

2. **Admission of the public**

The Panel considered the question of the admission of the public and agreed that all items be considered in public session.

4 **Changes in Podiatry Services**

The Panel welcomed Robert Flack, Sarah True, Paul Cotton and Amina Hans-Adam from Locala, and Vicky Dutchburn, Pat Andrewartha and Corinne McDonald from Greater Huddersfield CCG and Rory Deighton from Healthwatch to the meeting. The Panel considered an update on the proposed changes to Podiatry Services.

Robert Flack advised the Panel that Locala were proposing to close 9 clinics in the Greater Huddersfield area and ensure that those who received treatment were eligible and in the greatest need. The Panel was informed that Locala's patient caseload had recently increased significantly and 28% of patients had no significant podiatric need and it was proposed they would no longer receive the service.

Overview and Scrutiny Panel for Health and Social Care – 4 April 2017

Paul Cotton advised that there was currently a high demand for diabetic foot care and that this was increasing. The Panel was informed that demand for diabetic foot care currently exceeded capacity, which meant that in some cases patients were at risk of potential amputations as they were not receiving the required treatment early enough. Paul Cotton further explained that GPs referred patients to Locala's Podiatry Service, which included people in low need, for example, social nail care and verrucae. Paul Cotton further explained that low risk patients referred by GPs for foot care could self-care or receive help and support from carers, family and friends or other providers where it was safe to do so, which would free up capacity to treat patients in greatest need.

In response to a question from the Panel regarding availability of social nail care, Paul Cotton advised that due to capacity and budget cuts, Locala could no longer provide social nail care and had to focus resources on those in greatest need.

In response to a question from the Panel regarding what was being done to ensure referrals were following the eligibility criteria, Amina Hans-Adam advised that referral forms for GPs would be redesigned to ensure the correct information was recorded and patients were triaged appropriately.

Locala advised the Panel that in Kirklees around 64% of podiatry appointments were for people aged over 65 years. People in Kirklees were living longer, which whilst this was good news, it does mean that Locala has an increasing number of older patients with the type of long-term condition meaning they will need to access podiatry services. The Panel was informed that in order for Locala to meet this demand they would need to review current podiatry services in order to be able to provide a service to those who needed it most.

The Panel was advised that Locala will relaunch the eligibility criteria and that Proposal 2 within the consultation document explained that the criteria had not been applied consistently throughout Kirklees and as a result there were patients on the caseload who may not be eligible for Podiatry care. Amina Hans-Adam further explained that Locala planned to apply the existing criteria across the whole service to ensure that patients who had the greatest clinical need for podiatry care received it when they needed it most. The Panel was informed that awareness raising will take place with GPs to improve the referral process and ensure the eligibility criteria was applied. Amina Hans-Adam advised the Panel that Locala had held some discussions with GPs in both North and South and they had agreed in principle with the proposals.

Amina Hans-Adam advised the Panel that a large number of amputations being carried out each week could be prevented with earlier treatment. The Panel was informed that Sheffield Council had been able to evidence that changes made to the podiatry service and who was eligible, had resulted in a significant reduction in amputations.

The Panel suggested that examples of different levels of podiatry needs should be given in the consultation documents, so people could understand if they were eligible or not.

Overview and Scrutiny Panel for Health and Social Care – 4 April 2017

In response to a question from the Panel regarding the services available and costs of foot care by local providers and whether this had been promoted to members of the public, Pat Andrewartha advised that work was ongoing with local providers to produce some prices and details of the services available.

Paul Cotton advised the Panel that as part of the proposed onward care pathway, patients with low level need would be invited to attend training to facilitate self-foot care.

Amina Hans-Adam explained that all existing patients over 80 years of age who were potentially at risk, would continue to receive the podiatry service regardless of their eligibility score.

Sarah True advised that Frequently Asked Questions (FAQs) would be made available on Locala's website giving further information regarding the proposed changes. The Panel was informed that a team at Locala would be dedicated to responding to online queries. The Panel suggested that the FAQs should advise that no clinics would be closed in North Kirklees.

Paul Cotton advised the Panel that Locala currently used rooms within GP surgeries to undertake podiatry treatment, however, in the majority of cases these were not fit for purpose and current practice within the surgeries did not allow Locala to install their own equipment.

Paul cotton advised the Panel that between September and November 2016 and January to March 2017, Locala had treated 5699 patients. The Panel was informed that out of the total number of patients for this period, 1034 were affected by the proposed changes and if Locala consistently applied the eligibility criteria this number would drop to 750.

The Panel was informed that 2 clinics in Dearne Valley and Colne Valley would reduce the amount of travel for both patients and staff. Paul Cotton advised that it currently took staff nearly an hour to travel between clinics, including setting up time, which was time wasted that could be used to treat more patients.

In response to a question from the Panel on NICE Guidance and what services had been commissioned by CCGs, Amina Hans-Adam advised that there was no NICE Guidance for less serious foot care conditions, such as social nail care, which meant that each individual CCG must decide what to make available. Robert Flack advised that Locala had followed the NHS England's Good Practice Guidance. The Panel was informed that the CCGs had delegated authority to Locala to consult.

The Panel suggested that to avoid confusion the 'Locality' column be taken out of the table, which showed the clinics within the Greater Huddersfield area.

In response to a question from the Panel regarding standard of clinics in Greater Huddersfield and North Kirklees, Robert Flack advised that all clinics were compliant with required standards.

Overview and Scrutiny Panel for Health and Social Care – 4 April 2017

Paul Cotton explained to the Panel that if Locala did not focus on those in greatest need, those patients would suffer. The Panel was informed that patients in the need of most care should receive a better service than they currently do which would mean admissions to hospital should reduce. Paul Cotton further explained that the changes would improve the service for housebound patients and reduce the burden for Adult Social Care.

The Panel was advised that there would be more locations for speciality clinics which would mean patients requiring these services, such as bio-mechanics, would no longer have to travel to the Princess Royal Hospital for treatment.

Rory Deighton from Healthwatch highlighted concerns around patient safety and risk regarding the growing demand for services. Rory Deighton further explained that it would be useful to see comparable amputation evidence from other Local Authorities who have made the same changes to podiatry services. Rory Deighton expressed some concerns regarding the consultation plans and indicated that resources should be invested in providing the additional training on self-foot care.

The Panel advised that on the 1st November 2016 they had considered a report by Locala on proposed changes to Podiatry Services and had agreed that the changes proposed a significant change to service provision. The Panel therefore recommended that public consultation on the proposed changes should be undertaken. Councillor Smaje quoted the Department of Health's Guidance in respect of the requirement for Health Service Providers to carry out consultation on substantial reconfiguration proposals. Locala expressed concerns at the duration of the consultation and the impact that the delays in implementing the changes could have on some patients. The Panel suggested that Locala and CCGs review the consultation timeline with a view to shortening the length of duration from 12 to 8 weeks.

The Panel suggested that Locala should consult with the general public in addition to the groups outlined within the Consultation Plan.

In response to a question by the Panel regarding equality and how this would be taken into account, Amina Hans-Adam advised that a profile of each patient on the current roll would be undertaken and Locala had been in touch with local community groups in both the North and South of Kirklees. Locala advised the Panel that they would use every suitable method to consult as widely as possible.

In response to concerns raised by the Panel regarding people who would no longer be eligible for foot care but may not be able to afford to pay for treatment, Pat Andrewartha advised that Locala and CCGs were working with private providers and voluntary sector groups, including Age Concern, with regard to what services they could provide. The Panel suggested that Locala give assurance to the Panel on what was being put into place for people who will not be able to afford to pay for their own foot-care from an alternative provider and what signposting will be available.

Overview and Scrutiny Panel for Health and Social Care – 4 April 2017

The Panel requested that Locala provide a revised consultation timeline before their next meeting on the 4th April, indicating the following information for their further consideration:-

- Start date of consultation;
- The date by which comments were required from the Panel on the outcomes of the consultation; and
- The date by which Locala intend to make a decision as to whether to proceed with the proposed changes to Podiatry Services.

The Panel requested that the CCGs undertake an assessment of safety and risk of the proposed changes to Podiatry Services and that this be provided to the Panel before their next meeting on the 4th April 2017 for further consideration.

Locala agreed to send the Panel details of the consultation events.

In response to a question from the Panel regarding how the response rate of the consultation would be quantified, the Panel agreed that Locala should calculate what the expected response rate was so that they could effectively quantify the results of the consultation. Robert Flack advised the Panel that a team of analysts at Locala would put the information from the consultation exercise through appropriate statistical measures. Amina Hans-Adam advised that Locala would undertake analysis of the information on a week by week basis during the consultation period to ensure that any gaps in responses from certain groups or areas were picked up.

The Panel suggested that Locala should ensure that any leaflets and posters were available in different languages to ensure that the consultation information reached all groups.

Amina Hans-Adam informed the Panel that a set of questions would be asked at the Focus Groups and discussions would be recorded.

The Panel suggested that a question be included in the consultation document which asked which clinic the patient currently attended, in order to get a representative view of patients.

RESOLVED -

- (1) That Attendees be thanked for attending the meeting.
- (2) That the Panel's supporting officer be authorised to liaise with attendees to address the agreed actions.
- (3) That the Panel consider a revised consultation timeline from Locala.

6 Work Programme 2016/17

The Panel reviewed progress of its work programme and agenda plan 2016/17.

RESOLVED - That progress on the work programme for 2016/17 be noted.

7 Date of Next Meeting

RESOLVED - That the date of the next meeting be confirmed as 16 May 2017.