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Report summary

What is this report about?

This report highlights patient feedback about proposed changes to NHS podiatry services across Sunderland. Healthwatch Sunderland collected this feedback in support of the podiatry services review, which is being undertaken by North East and North Cumbria Integrated Care Board (NENC ICB), who commission NHS podiatry services.

Over the past few years there have been some challenges within podiatry which means there needs to be some change. To support this, a review of services has started and a new way of delivering podiatry services has been proposed. To ensure patients have a chance to give their views on the proposed model and voice any concerns, Healthwatch has been commissioned to conduct a piece of work.

Our key findings

Patients gave mixed feelings towards the proposed changes. Some in agreement and some having concerns and questions.

Some of the areas patients were in agreement with were:

- Moving to one provider to potentially allow for greater control and cost efficiencies.
- A self-referral system to potentially reduce waiting lists.

Some of the key concerns and questions related to:

- Impact on travel and transport to clinics.
- Self-care and how this may lead to people harming themselves.
- Decision making around who remains in podiatry services and who self-cares.
- Potential increases in wait times.

Methodology



Methods used in the engagement with patients included a mix of face-to-face engagement with patients in community-based clinics and paper based or electronic surveys. Engagement ran for a 4-week period, during September 2023.

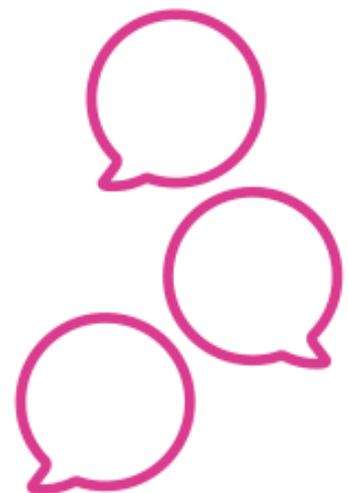
Survey questions were drawn up by ICB and were designed to inform people of the proposed changes to services and to gather people's views of these changes (see appendix 1).

Surveys were available to patients to complete online using Survey Monkey or as a paper-based version which were supplied with a self-addressed envelope. In addition, people could call Healthwatch Sunderland where staff were available to assist in completing the survey over the phone.

Face to face engagement took place in 5 clinics these were:

- Grindon Primary Care Centre
- Sunderland Royal Hospital Diabetic Foot Clinic
- Pallion Health Centre
- Galleries Primary Care Centre
- Hetton Chiropody Clinic

Paper-based surveys were also distributed to several community venues and groups.



Findings

In total we received responses from 67 patients who shared their views and opinions on the proposals. These were gained by engaging with patients face to face in the clinics, community distributed surveys and an online survey.

Postcodes and demographics – Patients were invited to share their postcode and some demographic information, the results are as below:

Postcodes – 62 people completed this section of the survey. The majority of patients using Sunderland based clinics lived in Sunderland.

(*as a result of rounding up, some totals won't total 100%)

Postcodes	Count	Percentage
SR2	5	8%
SR3	8	13%
SR4	12	19%
SR5	2	3%
SR6	4	7%
NE36	2	3%
NE37	5	8%
NE38	13	20%
DH4	7	11%
DH5	4	7%

Gender – 63 people completed this section of the survey. Gender of respondents is as follows:

Gender	Count	Percentage
Women	36	57%
Man	26	41%
Prefer not to say	1	2%

Age – 57 people completed this section of the survey. Ages of respondents is as follows: (*as a result of rounding up, some totals won't total 100%)

Age ranges	Count	Percentage
Under 18	1	2%
25-34	1	2%
35-44	2	3%
45-54	5	9%
55-64	12	21%
65-74	21	37%
75 and over	14	25%
Prefer not to say	1	2%

Ethnicity – 64 people complete this section of the survey. 100% of respondents identified as white.

Question 1: Service Provider

Question 1 outlined to patients the proposal of services being delivered by one provider in the future and the rationale for this. Patients were invited to share any views or concerns about this.

Patients views on this proposal were mixed, with some responding positively to the changes and others expressing initial concerns.

Of those patients who gave positive comments they mainly agreed moving to one provider could lead to service improvements and reasons cited included one provider could allow for greater control, it could prove to be more efficient and cost effective and it may lead to a reduction in waiting times. Some of the comments received included:

“Surely having all the services under one roof, control will make the service more cost effective and easier to evaluate and continually develop positively.”

“Better to have one provider so they know what is going on and can provide a proper service, which is very poor at the moment.”

“I understand funding is an issue and the NHS need to use services which provide the best value for money.”

“No concerns at all. I think this is a good idea. If everyone knows where and when they are going, then that is great. I would never complain about these people, they are great.”

“I think this is a good idea. I think this would be better to cover absence, be better for continuity. All procedures and practice could be the same. I think the service will have a better chance of working and managers will have more control over things.”

“It seems like a positive change that hopefully cuts waiting times for appointments.”

Those patients who expressed concerns about the proposals, in the main commented that they were worried about the potential increase in travel to appointments, how the services would be properly monitored and asked would this change potential effect the quality of service provided. Some of the comments received included:

“I want to know if this would make me have to travel to access this service?”

“I'm concerned about travel as I live close to clinic and elderly family members use. The staff at this clinic are very good and its fear of the unknown. Very happy here.”

“One provider with no competition can lead to problems. Smooth transfers to other services rarely become operational. I'm concerned that this is purely a cost cutting venture.”

“NHS should provide services direct. I fear contracting out to third parties will result in poor quality provision.”

“How quality assurance standards are achieved and maintained?”

“This seems like a big job, a big area, with large numbers of patients. I feel it is understandable financially although I do wonder how it will work.”

“Centralisation of services rarely achieves the desired objective. Patients have individual needs, and some provisions suits some and different provisions suit others.”

Question 2: Location

Question 2 explained to patients about the proposal to reduce the number of clinics available to them for their appointments and the rationale for this. Patients were asked if they had any views or concerns about possible locations for future podiatry appointments.

Of the responses received the main views and concerns from patients could be grouped into concerns over travel, transport and accessibility. Patients talked about concerns over a potential increase in distance in travel to appointments and/or the lack of public transport links/provision to clinic locations, some commenting this may negatively affect their attendance. Many also questioned if venues would be accessible with appropriate parking.

"When allocating a patient to a clinic it is essential to take into account the public transport provision. A person with foot problems should not be having to walk far, nor should they have to take more than one bus e.g. if someone lives on Leechmere Road, they are quite near Silkworth Centre but to get there they would have to take a bus into the city centre and another out."

"I need to stay in Washington, due to mobility. If far, I would have to get a taxi and I am less likely to attend appointments."

"It is important that locations are easily accessible for all patients; on bus routes, with adequate parking and facilities for disabled access."

"I drive so can travel to different locations. Any new location would have to have good parking, with no long walks from the car as I can't walk far due to my foot issues."

"I don't drive. My concerns are where and how far would I have to travel. My attendance would be affected."

"Patient parking availability is always a concern."

"Clinics will need to be available across the city, local bus services are getting reduced too making it difficult to get places."

"Currently I use a clinic in my GP surgery. I would find it difficult to travel any further due to mobility issues."

Other comments posed questions as to whether these proposals would potentially increase inequalities in access to services for some patients and whether it could negatively affect current waiting lists, which many patients commented are already long.

“Seems there could be longer waiting lists?”

“Fewer venues will hit poorer and elderly people harder. Many of whom depend on these services.”

“I have always used central clinics alongside Monkwearmouth which are OK for me. I think if amputees have to use services further from their home, I would worry they would not attend. I don't think people realise how difficult it can be for amputees to go to new places.”

“Means people could be waiting much longer to get seen.”

“Depends on how near clinic would be. It would be very difficult if the clinics were quite a distance for elderly and disabled.”

“You wait a long time for appointments already and don't want this to be affected.”

“As long as the reduction doesn't affect the amount of appointments. Can there be pop up clinics in different venues? e.g. Community Centres. Travel would be a problem if based in South Tyneside.”

Question 3 and 4: Eligibility

Questions 3 and 4 provided information to patients on the proposal to focus resources differently, so that those who can manage their own care are supported to do so and therefore freeing up clinicians to see those with the most need. Patients were asked if they supported the proposal and if they had concerns for those who may be supported to carry out their own self-care.

Of the responses received some patients supported the idea of self-care for those where it was appropriate, but most people had concerns and questions linked to how the education would be offered to those who would be encouraged to go down the self-care route. This included the methods and content of the training to be delivered. Some of the comments received included:

“Depends on what education would be provided and how accessible it would be.”

“Concerns about quality standards of health care education lists; educational material, how it is accessed, and its efficacy assessed.”

“Elderly and vulnerable people can be educated however, this will not be best practice for those individuals as this service can be used to “check in” on patients and safeguard them from other medical or wellbeing needs.”

Several patients also stated that for patients to be able to carry out their own care, they should be provided with the appropriate equipment.

“I agree if training and the correct equipment is supplied.”

“People who are asked to do self-care should be given the correct equipment to do so, e.g., if they have thick nails ordinary clippers just won't do the job and they could injure their feet and cause further difficulties and then the need for podiatry services longer term. “

In addition, patients had concerns about how people's eligibility to receive clinic-based services would initially be assessed. They went on to question how the criteria would be set and then how people would continue to be assessed as their needs changed.

"As my understanding it is usually elderly and patients with health conditions who use the service. How will it be decided who gets service and who must use self-care?"

"How easy would transition to using podiatry services be when more care became necessary."

"I am concerned about people who are in need. Not all people are capable of wording things and may downplay their problems. I believe it's not a good idea."

Finally, some respondents questioned if other health or social care concerns could be missed by no longer having face to face contact with a clinician. People could potentially harm themselves due to poorly administered self-care or not recognising the signs and symptoms of potential issues. Some of the comments received included:

"Self-care is obviously better for those who can manage but things could be missed if those who are educated to self-care are never seen by a practitioner."

"The podiatrists are qualified to provide expert care, review pulses etc. This cannot be done by elderly patients. This would put patients at risk and add additional stress on carers and other family members."

"Some of my peers have a heightened expectation of their own abilities and are quite likely to harm themselves."

"How easy would transition to using podiatry services be when more care became necessary?"

"People may not recognise the signs. Things would go wrong."

Question 5: Referral process

Question 5 explained to people about the proposal that would allow patients to self-refer into podiatry as well as professionals being able to refer patients.

Patients were asked if they had any concerns or views about the proposal. Of the responses received most patients were in favour of this proposal and understood that it may help to improve services or were still in favour but had some concerns. Of those patients who expressed concerns these, in the main, were linked to how accessible the referral process would be, what the criteria would be and if you didn't fit what would then happen and could this proposal increase demand for the services and add extra pressure onto staff. Some of the comments received included:

"I think self-referral could be a good idea."

"Happy as long as it's clear where the point of contact is."

"Will be a lot quicker (hopefully) when you can self-refer and /or family member or carer can for you."

"The person on the end of the phone will need to be medically trained and not an admin worker who can't advise correctly. If that was the case, I would have no problem with the single point of contact. People who are not eligible should also be signposted to the relevant support by that person so treatment is not delayed for their issue. If people are not happy, they may put extra pressure on A&E."

"As long as reasonable adjustments are made for those who would struggle with self-referral e.g. those with learning disability or other disabilities."

"What would happen if you didn't fit into the criteria?"

"Self-referral is acceptable. What may seem a trivial problem on a clinical assessment may be an important issue to a patient."

"If patients can self-refer will it mean that more people will be wanting to use the service and be more work for the staff?"

Appendix 1

Podiatry Services in Sunderland

Do you use Podiatry services (footcare) in Sunderland? – things are changing. Have your say!

Healthwatch Sunderland is your local health and social care champion. Working city wide, we ensure NHS, social care leaders and other decision makers hear your voice and use your feedback to improve services.

We are currently working with the NHS who want to hear your opinions on the proposed changes to Podiatry Services across Sunderland.

The NHS pay for podiatry services in Sunderland and South Tyneside. They are continually looking at how well services are doing for patients, and whether they are providing the best value for money.

Over the past few years there have been some challenges for podiatry:

- There is more demand of the service, which is costing the NHS more
- There are more patients with complex needs
- Patients who could be helped in a different way have been using the service
- Services in South Tyneside and Sunderland are not equal
- There is a national shortage of podiatrists

This means there needs to be some change.

Work has already taken place with staff and patients to think about:

- Making the most out of the funding, clinics and staff available
- Making sure patients get the care they need with the most appropriate service
- Ways to focus on improving outcomes for patients who are most in need
- Making the service more equal across South Tyneside and Sunderland

Following the review, a new way of delivering podiatry has been proposed. It is important that patients have a chance to give views on the proposed model and are able to voice any concerns. We'd like to explain some of the key changes and hear your views.

The closing date for surveys is Wednesday 27th September 2023.

If you require support completing this survey please get in touch on:
(0191) 5147145 or email: healthwatchsunderland@pcp.uk.net

Healthwatch Sunderland take your privacy seriously. The information you provide on this form will be stored electronically. Your comments will be shared with health and care providers and Healthwatch

IF YOU WOULD
RATHER GIVE YOUR
RESPONSES ONLINE

SCAN ME



England, to help them improve services. Please note the information you provide will be kept confidential, except that anonymised quotes may be used.

Question 1: Service Provider

At the moment, podiatry is delivered by a number of different service providers on behalf of the NHS. The proposal is for all services to be delivered by one provider regardless of whether this will be delivered in community clinics, hospitals or in the patient's home or care home. This means some regular patients may see a change in staff, depending on who provides the service in future. The aim is to help relieve issues with costs and staffing clinics and make transfers to different services smoother when needs change.

Do you have any views or concerns about this?

Question 2: Location

At the moment there are 30 clinic locations across South Tyneside and Sunderland and it is proposed that this is reduced to at least 18 (two clinics covering 30-50,000 population). The aim is to reduce cost, make it easier to staff clinics and make sure clinics are used to their full capacity. Numbers of appointments will not reduce; patients will still have some choices around which clinic to use and there will be a more even spread per population across Sunderland and South Tyneside. The provider who wins the contract will have to work with patients and communities to decide on the future clinic locations and may choose to provide additional venues if they think this is appropriate.

Do you have any views or concerns about possible locations for future podiatry appointments?

Question 3 and 4: Eligibility

Self-care will be encouraged and any education around this provided for those who can manage their own care. The aim is to free up clinics for those with the most need.

Do you support the proposal to focus resources differently so that those who can manage their own care are supported in a different way (e.g., education)? (If no, why)

Do you have any concerns around patients who can manage their own care now being supported to do so rather than attend clinic?

Question 5: Referral process

It is proposed that patients will now be able to self-refer into podiatry as well as professionals being able to refer patients. Referrals will be accepted through a single point of contact and need assessed against one clear, standardised set of criteria. The aim is to get people to the right service more quickly and make sure clinic access is prioritised based on need.

Do you have any views or concerns about the proposed referral process?

What is the first part of your postcode? E.g. SR3

What is your gender?

Woman

Man

Non-binary

Other

Prefer not to say

How old are you?

Under 18

55-64

18-24

65-74

25-34

75 and over

35-44

Prefer not to say

45-54

What is your ethnicity?

White (includes British, Northern Irish, Gypsy, Irish Traveller, Roma or any other white background)

Mixed or Multiple ethnic groups (includes White and Black Caribbean, White and Black African, White and Asian or any other Mixed or Multiple background)

Asian or Asian British (includes Indian, Pakistani, Bangladeshi, Chinese or any other Asian background)

Black, Black British Caribbean, African or other Black background

Prefer not to say

Other (please state)



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