

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	04/MSKT/0022
Service	Community Podiatry Service
Commissioner Lead	MSK & Trauma Clinical Commissioning Programme
Provider Lead	
Period	14 July 2014 to 30 September 2014
Date of Review	Not applicable

1. Population Needs

1.1 National/local context and evidence base

The following are extracts from 'A Guide to the Benefits of Podiatry to Patient Care', The Society of Chiropractors and Podiatrists, 2010:

Foot and lower limb problems are common and are a significant cause of ill health, pain and disability and can lead to impaired balance increasing the risk of falling. It is estimated that 80% of older people have foot related problems (*Harvey et al, 1997*) and in an ageing society the prevalence of chronic foot problems will rise significantly (*Levy, 1992*).

General health and/or social problems are often detected by podiatrists who signpost patients to the appropriate agency. The self-referral process and community accessibility for these patients often proves to be the first point of contact for treatment and the podiatrist may be the first healthcare professional to assess their care needs.

Dorset Clinical Commissioning Group (CCG) has in place a musculoskeletal foot and ankle pathway which provides primary care and providers with clear guidance about conditions, management in primary care, education of patient and referral pathways for patients within primary, community and secondary care settings. It links into orthotics, interface services, podiatry and biomechanical assessment in the delivery of care.

Podiatry and foot health services are important to the public and this is supported by the Government and evidence in the following publications:

1. Health Care Commission Report ref C200601_118, March 2007
2. Best Foot Forward, Help the Aged 2006 and Age Concern, Feet for Purpose 2007
3. Parliamentary Early Day Motion 777 to improve NHS access to foot health services
4. Alan Johnson Statement May 2008, '*development of good foot health services will be a priority objective of the national prevention plan*'
5. The Society of Chiropractors and Podiatrists "A Guide to the Benefits of Podiatry to patient Care" 2010
6. Footcare Services for Older People: a Resource pack for Commissioners and Providers" DH, 2009
7. NICE Guidelines for Diabetes, DH 2004a

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	✓
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Domain 2	Enhancing quality of life for people with long-term conditions	✓
Domain 3	Helping people to recover from episodes of ill-health or following injury	✓
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

2.2 Local defined outcomes

- To ensure all patients/carers receive education and support in relation to their condition to allow them to self-manage, maintain mobility and keep independent
- To provide a service which assists in improving the health outcomes and experience for patients, working in partnership with all relevant healthcare providers to achieve this
- To improve awareness of patients and health professionals of the importance of appropriate foot health
- To deal with incoming referrals promptly and in compliance with national Referral To Treatment targets
- To ensure patients with an urgent need are 'brought forward' / redirected into the specialist service where appropriate
- To ensure patients are receive the right care at each stage in the pathway and are referred into the correct service at the right time to optimise health outcomes and assist with early diagnosis
- To adopt a patient centred approach, ensuring all patients and/or carers agree and receive a care management plan at their initial foot health assessment which indicates the care, treatment, goals and where to get support and how subsequent access to the service is made following discharge (where appropriate)

3. Scope

3.1 Aims and objectives of service

The aim of the service is to achieve:

- High quality podiatric care efficiently and cost effective and increases mobility and independence for adults

(In this context quality is defined through clinical effectiveness, patient experience and safety)

The objectives of the services are:

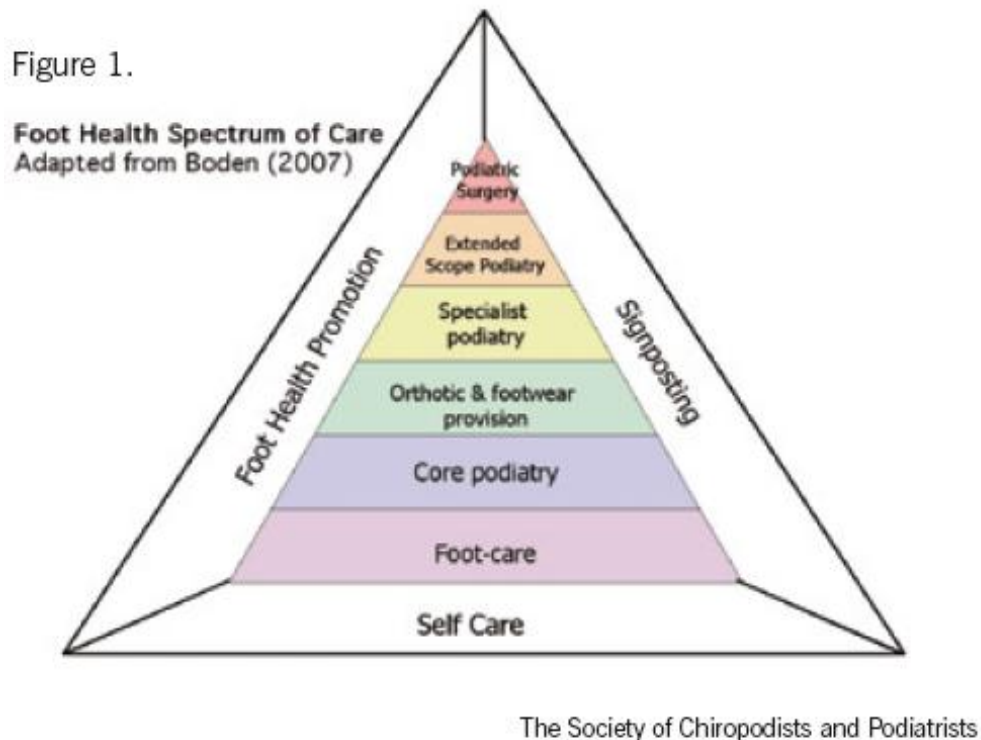
- To provide management of foot pain associated with foot function and/or structural abnormalities for common foot and ankle conditions in line with NHS Dorset CCG's Foot and Ankle pathway.
- To provide footwear advice as part of personalised care plans
- To provide foot health education information and public health information and to signpost to services
- To provide assessment, advice, treatment, review and discharge (where appropriate) based on best evidence based practice for patients meeting the referral criteria
- To provide a community based podiatry service for adults registered with GP practices in a specific area which improves health outcomes for patients
- To work collaboratively with other providers should there be a need to accept patients from outside immediate location when there is a need for a patient to be seen urgently
- To educate patients in the self-management of their own condition
- To provide patient information leaflets to those practices served which includes

services available, conditions treated and details of access to the service. The provider will also be expected to participate in development any pan-Dorset information leaflet.

- To improve awareness amongst all health professionals and patients of the importance of appropriate foot health and footwear
- To contribute towards improving the health of patients with long term conditions so that they maintain mobility and independence, including falls prevention

3.2 Service description/care pathway

The following diagram (Figure 1) illustrates the full spectrum of foot health care.



Provision of the service applies to elements of Core Podiatry within the above spectrum with an emphasis of community delivery of services for general practice (and in exceptional circumstances domiciliary) and preventative treatment.

The service is provided where possible for the benefit of patients registered with practices in the near vicinity but should allow patients to attend an alternative location if they need to be seen more urgently.

Core podiatry is defined as *'the assessment, diagnosis and treatment of common foot pathologies associated with the toenails, soft tissues and the musculoskeletal system with the purpose of sustaining or improving foot health'* (Farndon 2006)

It is focused on the needs of those with low and medium levels of foot health need with referral on to specialised podiatry and extended scope podiatry and signposting to non-podiatric services where clinically appropriate eg smoking cessation or weight management services. Providers will be expected to provide appropriate staff training to ensure appropriate referrals to higher-tier podiatric services and non-podiatric services are made when needed.

The service should aim to reduce secondary care intervention by assessing and treating patients presenting with problems through early intervention

The service will provide patients and carers with education and advice on basic foot care and recognising problems

The provider will include the provision of health education/training to support the primary health care team

Referral Pathway:

Access to the service will be through referral by the patient's GP in line with NHS Dorset CCG' Foot and Ankle Guidelines but may be delegated by the GP to a practice nurse, health visitor, district nurse, social worker or other delegated member of the practice staff.

Referrers must provide the following information:

- Reason for referral (including relevant diagnosis and history)
- Referring practice details
- Patient information (name/address/dob/daytime contact number/NHS number)
- Date of referral
- Name of referrer and date last seen
- Podiatric need
- Current medication and full medical history
- Referral type
- Any other information considered relevant

The service will provide the following to all eligible patients presenting with a **clinical** podiatric need as necessary:

- Treatment of corns, calluses and fissures
- Metatarsalgia (as per foot and ankle pathway)
- Treatment for acute bacterial and fungal infections of the foot
- Toenail deformities
- In-growing toenails, very thickened toe nails, involuting nails
- Management and control of pedal ulcers
- Foot health education
- Diabetes Management consistent with NICE Clinical Guideline 10

All eligible patients described in 3.3 and 3.4 presenting with a clinical podiatric need will be provided with an assessment of their foot health at referral and will then receive:

- A regime of treatment including advice on footcare, and discharge (as under 3.2 Waiting Times)
- OR
- Advice on foot care to the patient or carer, and discharge
- OR
- Referral to a specialist foot service (eg Diabetic Foot Protection Clinic) or referral via their GP to a different service

Domiciliary Visits

Under exceptional circumstances a domiciliary visit may be provided. Domiciliary patients are housebound and need a tail lift ambulance to leave the house. Access to this service requires the General Practitioner to certify that the patient is housebound for medical reasons. Patients will complete an application form, which will be passed to the GP for endorsement before the podiatrist is instructed.

Lack of personal transport, and other social factors, are not in themselves reason for domiciliary visits.

Residents of Part III accommodation and private nursing and residential homes can expect their carers or proprietors to arrange for social nail cutting from within the resources of that establishment. Foot pathology problems will be treated by the podiatrist via a referral from the individual's General Practitioner, either as a domiciliary visit if the patient is non-ambulatory, or by the patient visiting the surgery if the patient is ambulatory.

Waiting Times

The provider should meet the 18 week Referral to Treatment requirements ie patients should receive treatment within 18 weeks of referral (this is the date received by the provider or if referred through Choose and Book the date the patient makes/attempts to make his/her booking). The provider should triage all referrals on receipt and if it is considered there is an urgent need booked appropriately or, if booked via Choose and Book and considered urgent, the patient should be contacted and their appointment brought forward. In both cases, if no urgent appointment is available the patient should be offered and referred to either another clinic at the next nearest service or the appropriate specialist service.

It is expected that the provider will operate a positive discharge policy to enable a high rate of new patient contacts relative to follow ups to be achieved. Patients should be discharged at the end of an episode of treatment or referred back to their GP. Patients with long term needs will remain on the caseload but will be discharged if there has been no contact for a period of six months.

Record Keeping

Clear, accurate and up-to-date records must be maintained by the provider. These must include all elements of the care episode, the patient's care management plan and details of all attendances.

Equipment & Consumables

The podiatry/chiropractic contractor is responsible for the provision of all furniture and equipment necessary to properly undertake the contract, although negotiation with the host GP Practice may identify practice-based equipment and furniture that can be utilised.

The podiatry/chiropractic contractor will supply all medical consumables, with the exception of orthotics, necessary to treat patients under this contract.

3.3 Population Covered

The provider will ensure equitable access into the service within a cluster area, in order to meet the health needs of patients living in all localities within the pan-Dorset catchment area. This may on occasion involve collaborative working with other providers/specialist services to ensure patients are seen within appropriate waiting times.

The provider must ensure the service delivers consistent outcomes for patients regardless of:

- Gender
- Race
- Age
- Ethnicity
- Education
- Disability (including access and regress)
- Sexual orientation

3.4 Any acceptance and exclusion criteria.

The provider should ensure that referrals received and accepted are in line with NHS Dorset CCG's "Primary Care Treatment and Referral Guidelines for MSK Foot and Ankle Conditions" and Foot and Ankle Pathway. Any referrals not in line with these criteria should be rejected and returned to the referrer explaining the rejection.



Foot and Ankle
Guidelines 2012.pdf



Foot and Ankle
Pathway July 2012.p

For diabetic patients who have high-risk feet eg current ulcer or a history of foot ulceration a referral should be faxed to the hospital podiatry service concurrently with the podiatric referral.

Eligibility criteria:

- Patients with either ulceration or bacterial infection of the feet including ingrown toenails
- Patients with long term conditions who present with a clinical podiatric need as described in 3.2 above and where the risk of foot ulceration and infection is at increasing risk eg low risk diabetes, PVD, stable and low risk rheumatoid arthritis, multiple sclerosis, Parkinson's disease, vascular risk (patients on Warfarin) (eg if high risk refer concurrently to nearest hospital based specialist service)
- Diabetic patients who have high-risk feet eg current ulcer or a history of foot ulceration (fax referral to the hospital podiatry service concurrently with podiatric referral)
- Patients who have a clinical podiatric need

Exclusions:

- Minor nail surgery (should be referred to a community nail surgery service via Choose and Book by their GP)
- Patients requiring surgery for bunions (GP to follow CCG's bunion policy)
- Podiatric surgery
- Patients requiring treatment to correct foot function biomechanics (GP to refer to community Biomechanics service)
- Patients requiring footwear and/or orthotics (refer to an orthotics service/follow Foot and Ankle Guidelines)
- Annual diabetic foot checks only
- Patients requiring treatment for correction of deformity (eg curly toes in children)
- Foot hygiene and skin care for patients who cannot manage and have no carer or support worker
- Nail cutting for patients with normal nails and who have no pathology affecting the feet
- Nail cutting for those who cannot manage and have no carer or support worker
- Patients with diabetes, PVD, RA who are classed as low risk (those who have a good blood supply, including good nerve sensation and who have no podiatry needs)
- Patients with diabetes and classed as having an increased risk and who have no podiatry need

3.5 Interdependence with other services/providers

The provider should follow the guidelines and pathway shown in 3.4 to ensure all patients are

seen appropriately and referred to the correct service if an inappropriate referral is received. The provider will need to work seamlessly with:

- GP practices
- Community health and social care services
- Other independent providers
- Specialist NHS podiatry services
- Other NHS commissioned services
- NHS Dorset Clinical Commissioning Group
- Patient Support Groups
- Third sector organisations

The Podiatry Service will interface seamlessly with specialist podiatry services (Biomechanics, Diabetic Foot Protection Clinic), musculoskeletal services, diabetic services, vascular services, tissue viability services, secondary care surgical provision and all other services which would benefit the patient. It is the provider's responsibility to ensure that all patients are treated according to the care pathway commissioned by NHS Dorset Clinical Commissioning Group (CCG) and the Provider will contribute to the development of any further pathway elements to be commissioned by the CCG.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

- National Service Framework for Older People (2001)
- National Service Framework for Long Term Conditions (2005)
- Musculoskeletal National Services Framework (2006)
- Type 2 Diabetes Prevention and Management of Foot Problems (NICE, 2004)
- National Service Framework for Diabetes: Standards (2001) and Quality Standards (2011)
- Diabetes Commissioning Toolkit (2006)
- Rheumatoid Arthritis: National Clinical Guideline for Management and Treatment in Adults, Royal College of Physicians (2009)

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

- All podiatrists/chiropractors providing the service must hold the recognised statutory qualification and have current registration with HCPC.
- A Guide to the Benefits of Podiatry to Patient Care, The Society of Chiropractors and Podiatrists, 2010

4.3 Applicable local standards

- To ensure proper use is made of trained podiatrist/s time and skills, the provider will be expected to balance the skill mix of its staff between foot care assistants and podiatrists.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

6. Location of Provider Premises

The Provider's Premises are located at:

7. Individual Service User Placement