DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	IMPLEMENTATION OF A NICE COMPLIANT FOOT CARE PATHWAY
DATE OF DECISION:	28 JANUARY 2016
REPORT OF:	NHS SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP

CONTACT DETAILS

AUTHOR:	**Name:**	**Georgina Cunningham**	**Tel:**	**023 8072 5607**
	E-mail:	**Georgina.Cunningham@southamptoncityccg.nhs.uk**		
Director	**Name:**	**Stephanie Ramsey**	**Tel:**	**023 8029 6941**
	E-mail:	**Stephanie.ramsey@southamptoncityccg.nhs.uk**		

STATEMENT OF CONFIDENTIALITY

None

BRIEF SUMMARY

Diabetes is a priority for NHS Southampton City CCG. A three year plan has been developed to improve the outcomes for patients with diabetes who live in the City. Key areas identified as key to tackling diabetes quality issues have been developed by GP localities as part of the overall diabetes programme of work. These are: patient education, professional education and foot care for people with diabetes.

This paper provides an outline of the priority area “foot care” and describes the case for change and the new model of service delivery.

RECOMMENDATIONS:

	(i)	That progress towards implementation of a NICE compliant foot care pathway be noted.
	(ii)	The Panel identifies any issues it may require further information/updates on.

REASONS FOR REPORT RECOMMENDATIONS

1.	To enable the Health Overview and Scrutiny Panel to examine key health issues.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2.	None.

DETAIL (Including consultation carried out)

The case for change

3. NHS Southampton City CCG does not currently commission a fully NICE (National Institute for Health and Care Excellence) compliant pathway for foot care for patients with diabetes. The NICE NG 19 *Diabetic foot problems: prevention and management* published in 2015 (replaces GC10 published in 2004) recommends effective management of those who are:

- At low risk
- At increased / medium risk
- At high risk
- Those who have acute or active foot disease.

4. Changes are needed in diabetes care in the City as there are poor outcomes in amputation rates, making Southampton an outlier nationally when compared to cities with similar population and demographics. Two of the significant complications related to diabetes are peripheral vascular disease, the damage caused by raised glucose levels to large blood vessels supplying lower limbs and the damage or degeneration of nerves called neuropathy which leads to the loss of sensation in the feet. Both of these can predispose people with diabetes to the development of ulcers and this can result in amputation.

5. Table one shows the amputation rates for Southampton City that were published in 2014 and 2015:

Table One

Extracted data from PHE Diabetes Foot Care Profile	Hospital foot care activity (April '10 to Mar '13) Published March 2014		Hospital foot care activity (April '11 to Mar '14) Published June 2015	
	SCCCG	England avg.	SCCCG	England avg.
Amputations per 1,000 people aged 17+ with diabetes	4.2% (137)	2.6%	4.3% (148)	2.6%
Major amputations per 1,000 people aged 17+ with diabetes	1.0% (32)	0.9%	0.8% (28)	0.8%
Minor amputations per 1,000 people aged 17+ with diabetes	3.2% (105)	1.7%	3.5% (120)	1.8%

6. Key observations are:

- Major amputations are similar to the national average for England
- Minor amputations are significantly higher than the national average for England.

It is important when reviewing the headlines about amputations to understand the context, for example the numbers of amputations undertaken, identified by the numbers in the brackets, over the period of time.

7. Whilst there has been some progress with the improvements within Podiatry over the past two years with the use of Patient Group Directives to all our podiatrists to prescribe antibiotics and direct access to x-ray which has reduced the delays in patients being able to access treatment. Southampton is far from providing a level and quality of service that is sufficient to address the poor outcomes identified above and there remains a high level of dissatisfaction within Primary Care and from those patients who have diabetes.

8. The case for change is clear in terms of improvement of patient quality of care and is one which the CCG has committed to. Implementation of a NICE

	compliant Foot Care Pathway to meet national guidelines does require significant change across primary, community and secondary care to ultimately improve outcomes.
	NICE Compliant Foot care pathway - What does this mean?
9.	Every patient with diabetes has an annual review undertaken at their GP surgery, most commonly by the practice nurse. As part of this annual review, the feet of each patient are examined and assessed. By doing this, the foot risk is identified and will be discussed with the patient. There are three levels of risk: • Low risk – managed in Primary Care • Increased / moderate risk – referred to NHS Solent Podiatry • High Risk – referred to NHS Solent Podiatry.
10.	All parties have been working towards a phased implementation of the NICE compliant Foot care pathway, initially commencing with the re-modelling of NHS Solent Trust Podiatry service followed by the creation of a new combined clinic to be held at University Hospital Southampton (UHS) for patients with acute active foot disease and ulceration, delivered collaboratively between UHS and NHS Solent.
11.	The new pathway will offer integrated and co-ordinated care, rooted in primary care and community based. It will be easily accessible, and provide seamless transfer of patients between hospital care and the community. It will meet the needs of those at low risk, medium risk and those with acute foot disease and ulceration, with the implementation of a community Diabetes Foot Protection Team (DFPT) and Combined Foot Care Clinics and Multi-Disciplinary team (MDT) delivered at the hospital.
	Benefits – what will improve?
12.	The implementation of the NICE compliant Foot care pathway will lead to: • Improved management in primary care to support patients who are at low risk to self-manage better and maintain their low risk status • Improved access to more responsive and timely care, greater patient satisfaction (Through the implementation of the DFPT) • Prevention of foot disease and improved management of ulceration to prevent further complication • Improved access to expert assessment and intervention through MDT and Combined Foot Care clinics • Reduction in major and minor amputations over the next 3 years • Improved outcomes for the City. Further information on expected benefits is shown in Appendix 1.
	What will change?
13.	The NHS Solent Podiatry service works under a block contract, to provide foot care services for those with diabetes and for non-diabetic patients. To enable enough capacity for the DFPT to see those patients who present with acute foot disease, who are referred as being at increased moderate risk and high risk, there has to be a review of the present caseload.
14.	This will mean that patients who are assessed by podiatry as being at low risk of foot disease and complication will be discharged from the Podiatry

service. These patients will no longer be eligible to have care provided by the NHS Solent Podiatry service. In addition, NHS Solent Podiatry service will no longer take referrals for low risk patients. The management of low risk patients is within primary care, very few podiatry services across the country accept referrals for this group of patients. Low risk patient referrals are not accepted by the Podiatry service in Portsmouth or other neighbouring areas.

15. These low risk patients will be signposted for their foot care, supported by self-help education, to providers such as Age UK and private Healthcare Professions Council (HCPC) Registered Podiatrists.

16. The CCG, NHS Solent and UHS are committed to improving outcomes and preventing foot disease for those patients with diabetes that are identified as being at increased risk; high risk or with acute foot disease.

How have we engaged?

17. **Diabetes Patient Survey - 2013:** As part of the wider programme of Diabetes work, a Diabetes Patient Survey was undertaken in 2013. 97% of those who responded to the questions relating to foot care said that they were aware of the problems they might have with their feet, 66% said that they check their feet every day and 75% said that they had their feet checked by a health care professional annually or more frequently.

18. **Foot Care engagement – 2015:** Engagement specifically on foot care provision has been undertaken at the Diabetes UK Tesco's Big Event and the Diabetes Research and Wellness Foundation event, held in June 2015. The following provides a summary of our findings:

Question:	Responses from Diabetes UK 13th / 14th June	Responses from DRWF 27th June
1. Which of the following foot care services do you feel are the most important to be funded by the NHS?	Top 3 in order: Infection/ulceration treatment Annual Foot Check Drop-in service for treatment	Top 3 in order Annual foot check Drop-in service for treatment Health Education to prevent complications
2. If you thought you had a problem with your feet who are you most likely to see?	Top 3 in order: GP or Practice Nurse Podiatrist drop in service Pharmacist	Top 3 in order GP or Practice Nurse Podiatrist drop in service Minor injury unit
3. Do you have Diabetes? - if so, do you know your Diabetic foot risk? If yes who told you this in the last 12 months?	Clear majority said that GP or practice nurse told them their risk score	Majority said that GP or practice nurse told them their risk score. A significant number said they did not know their risk score
4. If you have Diabetes, at your last annual foot check: - list of areas provided that should be covered in the annual foot check	Low response rate for those who had their footwear examined to check it was not causing problems	Low response rate for those who had their footwear examined to check it was not causing problems.

19. **Diabetes UK:** Since May 2013 a Diabetes UK representative has been a member of the Diabetes Project Group and of the Diabetes Development. Clinical leads have also presented at the local Diabetes Patient Group.

20.	On the 1st October 2015, Diabetes UK held a ‘Putting Feet First Campaign’ in Southampton City centre. Later that day, the CCG met with local ‘Diabetes Voices’ to discuss the plans to improve foot care in the City.
21.	More recently commissioners have met with the Diabetes UK South East Regional Manager; following this they also attended the Diabetes Development Group meeting in November 15 to outline how Diabetes UK can help to support local plans to implement a new foot care pathway. These include a patient education event in April 2016 and a professional education event later in the year.
22.	Diabetes UK has also kindly provided the following statement to support this report: *‘Diabetes UK is pleased to see the development of a Foot Protection Service and the introduction of a Multi-Disciplinary Foot care Team (MDfT). There is evidence from areas that have introduced such teams that amputation rates have decreased. We understand both will start in April 2016 and we very much hope this timescale is adhered to. However, we note that the MDfT will only operate twice a week and the healthcare professional team involved is rather more limited than is recommended, and would like to see assurances that the proposals will be fully NICE compliant. If the service will not be NICE compliant from April we would like to see plans and timescales for when compliance will be achieved.’*
	Communications
23.	Since the plans for the new foot care pathway were approved the CCG has been actively sharing the plan and the impact of the changes. These include a meeting with the Chair of HOSP and a meeting with the Chair of Health Watch. Supported by Lead Podiatrist at NHS Solent Podiatry service presentations have been made at the CCG Patient Forum and the Consult and Challenge Group. Presentations are planned at the CCG Communications and Engagement Reference group on 6th January and the Diabetes UK patient group meeting on 26th January 2016.
24.	To date, the plan to introduce the new pathway has been well received and the impact on the current low risk caseload has not met with any challenge. A Communications and Engagement Plan has been drafted and agreed between the CCG and NHS Solent.
	Timescales
25.	NHS Solent Podiatry service will begin the review of its present caseload and the process of moving towards a DFPT in January 2016. The combined clinic at University Hospital Southampton will begin in April 2016. To support all these changes, NHS Solent Podiatry service will move from a 5 day a week to a 6 day a week service from 1st April 2016.
26.	Having a NICE compliant DFPT will improve outcomes such as a reduction in foot ulcer rates within the City, which will then impact on the amputation rate. Evidence shows that 95% of all diabetes related amputations start with at least one foot ulcer.
27.	In summary it is an integrated co-ordinated foot care pathway that covers primary care, community and secondary care. It is critical to get all areas of the pathway working together to produce success and improve outcomes for patients with diabetes.

28.	Effectiveness will be monitored quarterly using the service specification quality indicators and an annual review of improved outcomes as reported nationally in the Public Health England Diabetes Foot care activity profile.
RESOURCE IMPLICATIONS	
Capital/Revenue	
29.	N/A
Property/Other	
30.	N/A
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
31.	The duty for local authorities to undertake health scrutiny is set out in National Health Service Act 2006. The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
Other Legal Implications:	
32.	N/A
POLICY FRAMEWORK IMPLICATIONS	
33.	N/A
KEY DECISION	N/A
WARDS/COMMUNITIES AFFECTED:	N/A

<table>
<tr><td colspan="3"><u>SUPPORTING DOCUMENTATION</u></td></tr>
<tr><td colspan="3">Appendices</td></tr>
<tr><td>1.</td><td colspan="2">SCCCG NICE Compliant Foot Care Pathway</td></tr>
<tr><td>2.</td><td colspan="2">Equality Impact Assessment</td></tr>
<tr><td colspan="3">Documents In Members' Rooms</td></tr>
<tr><td>1.</td><td colspan="2">None</td></tr>
<tr><td colspan="3">Equality Impact Assessment</td></tr>
<tr><td colspan="2">Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.</td><td>Yes</td></tr>
<tr><td colspan="3">Privacy Impact Assessment</td></tr>
<tr><td colspan="2">Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.</td><td>No</td></tr>
<tr><td colspan="3">Other Background Documents
Equality Impact Assessment and Other Background documents available for inspection at:</td></tr>
<tr><td colspan="2">Title of Background Paper(s)</td><td>Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)</td></tr>
<tr><td>1.</td><td>None</td><td></td></tr>
</table>