



**Report Title**

**Podiatry 2016**

**Dates:**

**June – December 2016**

**Contact details:**

Healthwatch Bolton, 20-22 Bowker's Row, Bolton BL1 2JL

**Acknowledgements**

Healthwatch Bolton would like to thank respondents to the men's health engagement work and Age UK Bolton who contributed comments from their clients

**Disclaimer**

This report relates verbatim comments gathered during our engagement work. All comments recorded by Healthwatch Bolton have been added to Healthwatch Bolton's databank of patient comment.

**Background**

During early summer 2016 some changes were made to eligibility criteria for podiatry services in Bolton. Following this change a number of comments were made to Healthwatch Bolton and our colleagues in voluntary sector advice services. These experiences are presented here to illustrate how service changes affect patients.

## **Topics/Themes**

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**Podiatry, Primary Care, Prevention, Diabetes, Appointments, Access to services**

**The comments illustrate the following issues;**

Informing patients about the change in service was not well managed. Patients are now confused about the eligibility requirements and have been made to jump through hoops (and seek unnecessary GP appointments) to establish their eligibility.

Lengthening waiting times are of concern to patients who need up to date advice about the current NICE recommendations regarding check intervals for foot care.

Patients have no confidence in the appointments system.

Some people feel they are being 'pushed into; paying for private podiatry services.

## The Comments

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### I no longer qualify for podiatry... or do I?

*"Since changes to the Podiatry Service, I no longer qualify for getting the service I previously had. I no longer meet the criteria and am expected to make my own arrangements"*

*'I have been having three-monthly podiatry appointments since the age of 65. Now at the age of 94 I have been told these are no longer to be provided by the NHS. I have blood pressure problems and had a damaged leg since the war. I cannot manage my foot care myself have been told to pay privately.'*

*'Have mobility issues since an accident many years ago. Have had NHS podiatry appointments now told no longer entitled will have to go privately this will have cost implications on my resources.'*

*'Been having podiatry for many years now told no longer qualifies for NHS treatment. Not given a letter with details of change, told if did not agree to see my doctor and ask him to consider re-referring her for consideration. Did this and was accepted back for NHS appointments.'*

*"I am a diabetic patient - do my feet have to become gangrenous before I qualify"*

*"I am a patient at Bolton Diabetes Centre. I've had excellent care and its having an effect. I didn't know I might meet the Podiatry Service criteria for routine foot care. I'm going to ask the nurse next time I go for my care. No one has told me about that and feet are so important"*

### I am dis-satisfied with the archaic communications

I am fed up of chasing appointments

I feel that I am being pushed to go private

*'I am registered as partially sighted and I use a white stick so qualify for foot care. What I find is that the time between appointments is stretched. The way appointments are made is not particularly good either. I have repeatedly asked for a text message with my appointment details on but this doesn't happen. I can't be the only patient who finds it difficult to get written information in a letter. It's my understanding that there is money available from NHS England to help with improvements like that.'*

*'The appointment system for Podiatry just isn't working. As a patient with diabetes I'm seen for routine care and nail-clipping. I had to ring them again yesterday as it's now 14 weeks since my last appointment and I hadn't had a letter telling me when the next one would be. They couldn't fit me in before another 2 weeks which makes it a 16 week interval. I asked them if I was down to see someone in their system and they said not. What would happen then, when would I have got an appointment? Since March I've had to ring up 3 times – they just don't seem to be managing the appointment cycle at all. Why can't we make an appointment there and then – the cost of postage must be significant. I also had to ring in between appointments as I had a sore area which needed treatment and was told that you can only be seen a certain number of times – and then what? As a diabetic I worry that I could develop a problem which would need treatment - there is always that risk of infection for a diabetic and the awful prospect of losing a toe, foot or worse.'*

*'I understand there has been a review of the Podiatry service in Bolton and I would like to know what has changed? In my opinion nothing has changed and the appointment system is not fit for purpose.'*

*'I have been having podiatry by home visit. I have now been diagnosed with breast cancer and an appointment for treatment clashed with my podiatry appointment. When I tried to change it I was met with a very poor response from the Single Point of Access team I felt very distressed. They did not seem to agree this was a valid reason for the request to change the appointment.'*

*'I have podiatry provided by the NHS but have now been told that my appointments will be at 3 monthly intervals. I have been told I will have to go privately if I require more treatment. This will have a cost implication on budget.'*

*'Podiatry services - because I'm a diabetic - need to be improved. The last letter I had was in March (2016) and since then I've had to ring each time to get an appointment. Its 16 weeks now between appointments. It's so important for a diabetic to have their feet looked at and basic care to nails and any sore areas in case of infection. To me it seems as though there is a subtle pressure in offering a poor service to push patients to provide for themselves privately and go elsewhere.'*

## **Recommendations**

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- 1) Clear accurate and up-to-date patient information about eligibility for NHS podiatry and acceptable waiting times needs to be published by either the provider of the CCG. The information should make reference to NICE guidance.
- 2) An urgent review of the booking system needs to take place, if this is (as patients believe) simply 'not working', both the Commissioners and the providers need to be aware of this and propose/initiate improvements.