

Podiatry Department

- Patient Satisfaction Project (Project no. 13839)

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Background

- The Newcastle Hospitals podiatry department is far-reaching in the scope of its delivery and caters for the assessment and treatment of all podiatric complaints.
- The total podiatry contacts per week is roughly 600-700 patients across all areas (biomechanics, diabetes, community and nail surgery) and includes telephone and face to face consultations. More than half of the workload involves patients with diabetes who require lifelong treatment.
- Patients under the podiatry department are treated by clinicians working at band 3 to band 8 level.



Service provision

- Podiatry assessment, risk factor categorisation and appropriate treatment plan discussed and initiated related to all aspects of the foot.
- Several options of treatment plans depending on symptoms and patient concerns:
 - Biomechanics for foot pain related to musculoskeletal disorder/dysfunction
 - Nail surgery for the partial or total removal of the nail
 - Community care for treatment of all foot complaints not related to biomechanics, nail surgery or specialist diabetic care provided under the Newcastle Diabetes Centre (NDC). Common in this clinic are foot ulcers, complex nail disorders and dermatological complaints. This clinic also specialises in the prevention of diabetic foot disease.
 - Specialist diabetic foot care provided under the NDC for the management of active diabetic problems.

Aim

- To inform ongoing service improvements within the Podiatry.
- **Rationale**
- To assist identification of priorities for service development it is appropriate to obtain the views and of patients who have used the service in order to appreciate their experiences and insights into current service provision
- Principle 4 NHS Constitution (January 2021)
- 'Patients' principle – Trust Strategic Framework

Proposal

- To undertake a brief telephone questionnaire with randomly selected patients from a twelve-month period (July 2021 – July 2022)
- N = 25
 - 5x Community
 - 5x Newcastle Diabetes Centre
 - 5x Biomechanics
 - 5x Nail surgery
 - 5x Discharged
- Questions to be scored using a Likert scale with follow up comments providing further qualitative information
- Results to be analysed via descriptive numerical scores and themes from qualitative responses

Question structure

10 questions covering 4 categories

- Appointment and organisation (x1)
- Assessment and treatment (x4)
- Podiatrist and communication (x2)
- Outcome and satisfaction (x3)
- Patients with diabetes were also asked whether they had been assigned a foot risk classification by the podiatrist, and if so did they know what it was.

Example

The results of my assessment were described and discussed with me along with options for treatment?

Please rate your level of agreement with the following statement(s) as: Strongly agree (5) / Agree (4) / Neutral (3) / Disagree (2) / Strongly disagree (1)

Comments



Questions

Section A – Appointment and Organisation

- **A1.** I was provided with all necessary information about my appointment prior to attending?

Section B – Assessment and Treatment

- **B1.** I was given an opportunity to describe my foot problem?
- **B2.** I received a good examination of my feet?
- **B3.** The results of my assessment were described and discussed with me along with options for treatment?
- **B4.** I was provided with clear instructions about my treatment including any advice or how to manage my foot problem myself?
- **B5.** (Only for patients with diabetes) I was provided with a risk category and understand the implications of this?



Questions;

- **Section C – Therapist and Communication**
- **C1.** My podiatrist conducted themselves in a courteous and professional manner?
- **C2.** My podiatrist listened to my problems and explained things in a clear and understandable way?
- **Section D – Outcome and Satisfaction**
- **D1.** My appointment(s) helped me gain a better understanding of my foot problems and the extent to which they could be improved or managed?
- **D2.** My podiatry treatment produced improvement in my foot concerns or helped me manage my foot problems more effectively?
- **D3.** I was satisfied with my experience of using the Podiatry service?



Pt. no.	Question number										
	A1	B1	B2	B3	B4	B5 (Diabetic patients only)	C1	C2	D1	D2	D3
Community 1	5	5	5	5	5	1	5	5	5	5	5
Community 2	4	4	4	3	2	4	4	4	4	3	3
Community 3	5	5	5	5	5	1	5	5	5	5	5
Community 4	2	4	2	3	4	3	5	5	4	2	3
Community 5	5	5	5	5	5	1	5	5	5	5	5
NDC 1	5	5	5	5	5	1	5	5	5	5	5
NDC 2	5	5	5	5	5	5	5	5	5	5	5
NDC 3	5	5	5	5	4	5	5	4	4	4	4
NDC 4	5	5	5	5	5	5	5	5	3	5	5
NDC 5	5	5	5	5	5	1	5	5	4	4	5
Bio 1	5	5	5	5	5		5	5	4	4	5
Bio 2	5	5	5	2	5		5	5	3	2	4
Bio 3	5	5	5	5	5		5	5	5	4	5
Bio 4	4	4	4	4	4		5	5	5	4	5
Bio 5	5	5	5	4	4		5	5	5	5	5
Nail surgery 1	5	5	5	5	5		5	5	5	5	5
Nail surgery 2	5	5	5	5	5		5	5	5	5	5
Nail surgery 3	4	4	4	3	3		5	5	3	4	4
Nail surgery 4	5	5	3	5	5		5	5	5	3	5
Nail surgery 5	5	5	5	5	5		5	5	5	5	5
Discharged 1	4	4	4	4	4		4	4	4	4	4
Discharged 2	4	4	3	3	1		3	2	2	1	1
Discharged 3	5	3	5	5	5		5	5	5	3	5
Discharged 4	4	4	4	4	2	1	4	4	3	4	4
Discharged 5	5	5	5	5	3		5	5	5	1	5
Median	5	5	5	5	5	1	5	5	5	4	5
Mode	5	5	5	5	5	1	5	5	5	5	5
Mean	4.64	4.64	4.52	4.4	4.24	2.54545455	4.8	4.72	4.32	3.88	4.48

Table 1 – Likert response scores

How did we do?

Table 1. Likert scores per question

- Mode and median scores = 5.0 with the exceptions of D2 which scored 4, and B5 which scored 1
- Mean score ranged from 3.9 – 4.8
- Debate within the literature as to whether a ‘mean score’ is applicable to Likert data. Prevailing view is that it can be used (Sullivan and Artino 2013)



Qualitative comments; positive themes

Section A: Appointment and organisation

- Pretty quick referral, much quicker than expected.
- Easy to access
- Managed to fit me in in my lunch time. Even appointments were great.

Section B: Assessment and Treatment

- Really good.
- Very thorough

Section C: Therapist and Communication

- Really good job – the podiatrists treating me were excellent
- Whole team brilliant, put me at ease
- All the staff were excellent and an excellent service
- They made me really comfortable when I first came to the service
- Podiatrists were really kind.

Section D: Outcome and Satisfaction

- Very happy with treatment
- No pain since.
- Made me feel more confident about managing myself at home.

Qualitative comments; negative themes

Section A: Appointment and organisation

- Already see my own chiropodist so didn't need the service. Every year I get referred here because the HCA can't find my pulse but then the podiatrist finds it straight away.
- Satisfied with the service just wish there was an easier way of getting back in so I don't have to see my GP first

Section C: Therapist and Communication

- Lack of explanation as to recovery time, would have appreciated more advice.
- Initial appointment was fine, asked to wear insoles but found very uncomfortable and I was told to put in the bin if they didn't work. Then I found the next podiatrist very disinterested and rude once he found out that he had not been wearing the insoles. Still experiencing a lot of pain in toe.

Section D: Outcome and Satisfaction

- Took tissue sample and never received result. I was not happy with this. Tried to ring podiatry number to find out result but difficult to get through – felt a bit lost in the system
- Still got foot pains - they've tried to do what they can but the pain is still there. The insole they gave me made my foot a lot worse.

Actions:

Training

We are working with GP practices to better train HCAs to perform annual foot risk assessments to reduce patients being unnecessarily referred into the Podiatry service.

Research

As part of a Master's dissertation we are seeking to identify and understand the barriers to patients accessing information about their diabetic foot-risk classification

Fast-track appointments

We are offering a 4-week period for new patients to get in touch following their first appointment. We hope that this means patients will not become "lost in the system" and receive unnecessary podiatric input.

Reporting

We are following up all discharged patients with a self-care letter to encourage better self-management of the feet.

TIMS

We are advising patients how to access the self-referral portal TIMS for all biomechanic related foot problems. This will result in patients bypassing the need to see a GP prior to an appointment.