

**REPORT TO ADULT SERVICES AND HEALTH SCRUTINY PANEL**

**PROPOSAL TO RECONFIGURE AND DEVELOP  
COMMUNITY PODIATRY CLINICS IN ROTHERHAM**

1. **PURPOSE**

1.1 The purpose of this report is to brief members of the Adult Services and Health Scrutiny Panel on the proposals to reconfigure and develop community podiatry clinics in Rotherham. This will be the launch of a three month consultation period on the proposed changes.

1.2 The aims of this consolidation of services is to bring about the following benefits for patients:

- To provide patients with equality of access to podiatry clinics across Rotherham.
- To provide more choice of times and locations for patients.
- To provide services in good quality clinical environments.
- To provide a model for optimum service delivery utilising and making the most effective use of resources including premises, staff and equipment.
- To conform to all Health & Safety and Infection Control requirements as defined by the PCT policy, statutory legislation and the professional body.

2. **RECOMMENDATIONS**

2.1 It is recommended that the Scrutiny Panel support the proposed consolidation of podiatry clinics from the existing 32 sites into a viable fit for purpose 16 sites, which will improve the provision of services to patients, by increasing choice, location and access to services.

2.2 To commence a period of consultation with members of the public, GP practices, local communities and other interested stakeholders on proposals to reconfigure the current provision of podiatry clinics in Primary Care/community settings.

3. **BACKGROUND**

3.1 Podiatry (previously known as Chiropody) has been part of the NHS since the 1960s and has been responsive to numerous structural and political changes during this time. However, increasing demands on resources mean that it is timely to assess whether the existing service is provided in the most efficient or effective manner.

3.2 The podiatry service has an active caseload of approximately 25,000 patients (almost 10% of the population in Rotherham). The national trend is for podiatry services to provide care for between 4 and 6% of the population.

- 3.3 The podiatry department currently employs only 16.5 WTE Podiatrists/TI and Foot Care Assistants, but these staff provide clinics at 10 PCT premises, 20 GP surgeries, 1 hospital, 1 private establishment, a number of residential and nursing homes, and do domiciliary visits to patients' own homes.
- 3.4 As a result, there are a number of inconsistencies in terms of the accommodation, staffing and frequency of clinics and these are explored further in section 4.
- 3.5 The attached appendix – Appendix 1 – identifies the existing location and frequency of sites.

#### 4. **ANALYSIS**

- 4.1 Because of the number of sites/locations, staff do not have specific caseloads or designated clinical commitments and this means that they are unable to provide ongoing clinical care to individual patients.
- 4.2 The accommodation used by the department varies enormously from quality clinical facilities to sub-standard non-clinical rooms. Some of these facilities do not meet Health & Safety or Control of Infection requirements around decontamination issues.
- 4.3 The main clinical sites are based predominantly in PCT owned buildings, either at Doncaster Gate or Health Centres, with the smaller "satellite" clinics held typically in GP owned premises. Some of the smaller clinics stem from the days of GP Fundholding, when the desire to have services provided "in house" was accommodated. Unfortunately, this has led to fragmented service delivery.
- 4.4 When considering the viability of the clinical sites, a number of issues were considered as follows:
- Geographical location/accessibility. Local accessibility and geographical spread across the Borough was important, along with transport links and parking facilities.
  - Population/caseload – population size/existing caseload are indicative of the likely demand placed on each of the clinical sites and the impact of transfer of services from neighbouring sites must be taken into account.

Caseloads are categorised using the following criteria:

- i. Very small – typically held at a satellite clinic at irregular intervals. From a caseload perspective, considered not viable.
- ii. Small – typically at a satellite, but with regular clinics usually 0.5 or 1 day per week.
- iii. Medium – caseloads at predominantly satellite sites with clinics at least one full day a week.
- iv. Large – all held at main clinical sites, with clinics at least 2 days a week.

- Standard of accommodation – ideally on ground floor near reception/waiting facilities, fitted to an acceptable clinical standard in treatment rooms, with associated Control of Infection/sterilisation facilities.
- Standard and ergonomics of equipment – has a finite life expectancy and must be securable, durable and ergonomic with maximum usage.

## 5. PROPOSALS

5.1 Each of the clinical site was visited over a 3 month assessment period and assessed using the above indicators for site viability.

5.2 Based on the findings and evidence gathered the following reconfiguration of sites is proposed.

<b>Site</b>	<b>Recommendation</b>	<b>Alternative Site</b>
Bawtry Rd MC – Dr Venkat	Closure of site	Brinsworth Health Centre
Braithwell MC – Dr Moore	Closure of site	Maltby Dental
<b>Brampton MC – Dr Yakub</b>	<b>Viable – satellite clinic</b>	
<b>Brinsworth HC</b>	<b>Viable – satellite clinic</b>	
<b>Broom Lane MC</b>	<b>Viable – satellite clinic</b>	
Dalton HC	Closure of site	Doncaster Gate Hospital
<b>Dinnington HC</b>	<b>Viable – satellite clinic</b>	
<b>Doncaster Gate Hospital</b>	<b>Viable – Primary Clinic</b>	
Greasbrough MC – Dr M H Husain, OBE	Closure of site	Doncaster Gate Hospital
Harthill MC – Dr Say	Closure of site	Kiveton Park MC
High St MC – Dr Hirst	Closure of site	Rawmarsh HC
Kilnhurst MC – Dr Nazir	Closure of site	Swinton Pharmacy
<b>Kimberworth Park MC – Dr Patel</b>	<b>Viable – satellite clinic</b>	
<b>Kiveton Park MC – Dr Say</b>	<b>Viable – satellite clinic</b>	
<b>Maltby Dental</b>	<b>Viable – main clinical site</b>	
Parkgate MC – Dr Alexander	Closure of site	Rawmarsh HC
Queens MC – Dr Khan	Closure of site	Maltby Dental
<b>RDGH</b>	<b>Viable – main clinical site</b>	
Ravenfield MC – Dr Moore	Closure of site	Wickersley HC
<b>Rawmarsh HC</b>	<b>Viable – main clinical site</b>	
Rosehill MC – Dr Brimpuria	Closure of site	Rawmarsh HC
St Ann's MC – Dr Fearnside	Closure of site	Kimberworth Park MC
<b>Swallownest Dental</b>	<b>Viable – main clinical site</b>	
<b>Swinton Pharmacy</b>	<b>Viable – main clinical site</b>	
<b>Thorogate MC</b>	<b>Viable – satellite clinic</b>	
<b>Thorpe Hesley MC</b>	<b>Viable – satellite clinic</b>	
Thurcroft MC – Dr Simpson	Closure of site	Wickersley HC
<b>Wath HC</b>	<b>Viable – main clinical site</b>	
Wheatley Road HC	Closure of site	Kimberworth Park MC
<b>Wickersley HC</b>	<b>Viable – main clinical site</b>	
Woodsetts MC – Dr Almeda	Closure of site	Dinnington HC
York Road MC – Dr Vasan	Closure of site	Doncaster Gate Hospital

Note: Alternative site indicates the nearest accessible site. It is hoped that patients will be given a choice of clinical site in most areas.

- 5.3 The service reconfiguration will reduce the number of clinical sites from 32 to 16, with the introduction of two new clinical sites in key areas, ie, Rawmarsh Health Centre and Swinton.
- 5.4 The podiatry staff will then more easily be able to be allocated to a dedicated caseload/clinical commitment.

## 6. **RECOMMENDATIONS**

- 6.1 The Scrutiny Panel is requested to endorse the proposed recommendations to reconfigure the podiatry community clinics from 32 to 16 clinical sites across Rotherham, in order to improve access to services and quality of care given for patients in Rotherham.
- 6.2 This will allow the service to develop dedicated clinical sites in key geographical areas in Rotherham, which will be both convenient and responsive to the needs of the local population.
- 6.3 The consolidation of caseloads into these key sites will allow clinics to occur with greater frequency and allow patients greater access to treatment and choice of appointment times.
- 6.4 These key sites will be developed so they conform to the necessary clinical standards and government legislation, thus providing the best working environment for patients and staff.

### **Contact Details:**

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**Podiatry Dept**

Clinical Sites as of 16 June 2004

**BAWTRY RD MC**

Friday AM each week

**BRAITHWELL MC**

Tuesday AM three monthly

**BRAMPTON HC**

Monday PM every week (single chair)

**BRINSWORTH HC**

Wednesday AM each week

**BROOM LANE MC**

Thursday PM each week

**DALTON HC**

Wednesday PM every week

**DINNINGTON HC**

Friday ALL DAY every week

Third Monday each month ALL DAY

**DONCASTER GATE HOSPITAL**

Monday to Friday every week (average 4 clinics per day)

**GREASBORO MC**

Monday PM each week

**HARTHILL MC**

Thursday PM twice monthly (single chair)

**HIGH ST MC**

Wednesday PM each week (single chair)

**KILNHURST MC**

Monday PM each week (single chair)

**KIMBERWORTH PARK MC**

1<sup>st</sup> & 3<sup>rd</sup> Wednesday PM in month

**KIVETON PARK MC**

Friday ALL DAY each week

**MALTBY DENTAL**

Tuesday ALL DAY each week

Thursday ALL DAY each week

**PARKGATE MC**

Tuesday AM 3<sup>rd</sup> in month

**QUEENS MC**

Tuesday PM each week (single chair)

**RDGH**

Monday to Friday ALL DAY (single chair)

**RAVENFIELD MC**

Wednesday AM 1<sup>st</sup> & 3<sup>rd</sup> in month

**ROSEHILL MC**

2<sup>nd</sup> & 4<sup>th</sup> Wednesday PM in month

**ST ANNS MC**

Wednesday PM each week

**SWALLOWNEST DENTAL**

Wednesday ALL DAY each week

Friday ALL DAY as required

**THOROGATE MC**

Monday AM each week

Thursday PM as required

**THORPE HESLEY MC**

Tuesday PM each week

**THURCROFT MC**

Thursday PM each week

Friday PM as required

**WATH HC**

Monday ALL DAY each week

Friday ALL DAY each week

**WHEATLEY ROAD HC**

Wednesday ALL DAY each week

Friday ALL DAY as required

**WICKERSLEY HC**

Tuesday ALL DAY each week

Wednesday AM each week

Friday ALL DAY each week

Monday AM as required

**WOODSETTS MC**

Monday PM 2<sup>nd</sup> in month

**YORK RD MC**

Tuesday PM twice month