

**Patient Story**  
**Podiatry Service, Community Nursing Service, Central Booking Service**

<b>Agenda Item:</b>	1	<b>Reference:</b>	WCT14/15-124
<b>Meeting Name:</b>	Trust Board	<b>Meeting Date:</b>	3 September 2014
<b>Lead Director:</b>	Sandra Christie		
<b>Job Title:</b>	Director of Quality and Governance		

<b>Link to Business Plan:</b>	Community contract and comply with national standards for quality		
<b>Has an Equality Impact Assessment (EQIA) been undertaken &amp; attached?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<b>Has the Public &amp; Stakeholders been consulted?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<b>To Approve</b> <input type="checkbox"/>	<b>To Note</b> <input type="checkbox"/>	<b>To Assure</b> <input checked="" type="checkbox"/>	

**Financial Implications:**  
*E.g. What is the Impact on the Trust? Does it provide Value for Money?  
All costs should be clearly explained in the section below.*

None identified

<b>Overall Cost / Pressure:</b>	£N/A	<b>Overall Income:</b>	£N/A
<b>Additional Funding Required:</b>	£N/A	<b>Funding Already Ring Fenced:</b>	£N/A

**Identified Risks:**

None identified

**Assurance to Board:**

This patient story provides assurance to Wirral Community NHS Trust Board regarding the delivery of high quality, safe and effective patient services.

<b>Publish on Website:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>Private Business:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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**Report History**

Submitted to	Date	Brief Summary of Outcome
A Patient Story is submitted each month to board.		

# Wirral Community NHS Trust

## Patient Story

### Purpose

1. A person's story enables the board to hear directly from patients, their families or carers about their experience of care services. Patient stories engage service users, their families or carers in ways that use their knowledge and experience to directly influence the provision of care services. The person telling their story raised their concern with Wirral University Foundation Trust Hospital Patient Advice Liaison Service, which referred the concern to Wirral Community Trust Hospital Patient Experience Team. (Concern number 10791).

The patient has consented for his story to be heard by the trust board and also the inclusion of his photograph in the story presentation.

Action plan Appendix 1.

### Executive Summary

2. Key areas identified

#### Safe

The patient describes that his GP referred him by fax to community podiatry service when a referral to WUTH podiatry is the correct pathway for his condition. The patient also feels that the community podiatry service should have redirected his referral to prevent a delay in access to care.

The patient describes an unacceptable delay on this occasion to community podiatry domiciliary service and cancellation of an existing community podiatry clinic appointment without notification.

The patient describes good access to hospital podiatry, hospital Diabetic Consultant and the community nursing service and his GP.

#### Effective

The patient describes long standing previously excellent podiatry care at St Catherine's Health Centre.

The trust has CP61 Clinical Protocol for the Management of Foot care for Diabetic Patients Updated Aug 2012 in place.

Clinical Procedure for Annual Diabetic Foot Screening for Community Podiatry was audited 2013 and achieved 100% in all 14 domains.

#### Caring

The patient describes that the community nursing service has supported him emotionally during this difficult time.

#### Responsive

The patient raised his concern via the Patient Experience Freephone number. The patient's concern clinically triaged and rated red (16) entered into the Datix reporting system. The patient received response from the podiatry service lead within 1 hour and referred to WUTH Podiatry team.

#### Well led

The patient describes that he is happy that the community nursing services will consult with his GP to plan the care of his foot ulcer.

Overall the patient describes feeling really upset and badly let down.

## **Board Action**

3. Wirral Community NHS Trust Board is asked to be assured of the delivery of high quality, safe and effective services.

### **Sandra Christie**

Director of Quality and Nursing

### **Contributors:**

Samantha Lacey,  
Patient Experience Advanced Practitioner

Krystle Everett  
Patient Experience Officer

Claire Wedge  
Governance Manager

## Appendix 1: Patient Stories Action Plan

**Service:** Patient stories

**Subject:** Patient Experience

### Key (Change status)

- 1 Recommendation agreed but not yet actioned
- 2 Action in progress
- 3 Recommendation fully implemented
- 4 Recommendation never actioned (please state reasons)
- 5 Other (please provide supporting information)

**CQC Essential Standards:** Outcome 1 Respecting and Involving People. Outcome 4 Care and Welfare of People

**NHS Outcome Framework 2013/2014:** Domain 4 Ensuring patients have a positive experience of care

**Date action plan developed:** May 2014

**Date action plan completed:** Monitored via Quality, Patient Experience and Risk Group

Recommendation	Actions required	Action by date	Person responsible (Name)	Comments/ action status	Change stage/ Evidence	Lesson's Learned If applicable following stage 3
Share patient story with call centre lead and podiatry lead	Communication	30 <sup>th</sup> November 2014	Service leads	3		
Raise awareness of Diabetic Foot Ulcer referral pathway (CP 61) with WCT services: Community nursing service, Tissue viability, Walk In Centre	Communication	30 <sup>th</sup> November 2014	Podiatry service lead	3		
Raise awareness of referral pathway with Wirral GPs	Communication (seek advice from medical Director re best Comms channel)	30 <sup>th</sup> November 2014	Podiatry service lead/ Comms team	2		
Review management of domiciliary high risk patients	Recruitment of specialist community podiatrist	30 <sup>th</sup> November 2014	Podiatry service lead	3		

## **Patient Story transcript**

### **Patient with diabetic foot ulcer**

Introduction 'In this story a patient tells of his experience of care after developing diabetic foot ulcer.'

Patient 'I don't know what happened, I went to see a friend, I arrived on the Tuesday, by Thursday the foot was totally red and swollen, with pains up the legs, they took me to the hospital on the Sunday, they scanned for a DVT, I had a high temperature, they never mentioned the foot but I had an infection. They gave me antibiotics and anti inflammatory. My friend here called the GP and got me an appointment the night I got back. I took my shoe off and put in on the floor for the doctor to see and all the blood and gunge and everything on the floor, and I said is that from me? I didn't know there was anything wrong. So that's when she faxed urgently to community podiatry to be seen as soon as possible who I have been seeing for 9 years every 8 weeks, up at St Caths, absolutely wonderful people, 2 ladies, there fantastic, excellent services, every 8-10 weeks they see me,. If I've had a knock and a bang which I do not feeling anything. I call and it's come on up and we will squeeze you in.

I called the next morning, because it was half past six at night when she sent the fax just to see if they had received it and they had. They said that the earliest date for a home visit was 4 weeks. When the NHS or whoever decided to change this system to a central call system where you can choose podiatry or bloods its absolutely impossible for me to get in touch with St Caths. I had an appointment the following Monday at St Caths. Luckily I had called central system; they had already cancelled my appointment. Now I am here, told yesterday there is a possibility I might lose my foot. If it wasn't for the District nurses I don't know what situation I would be in. Now I have seen Arrowe Park podiatry three times and they are wonderful up there. The Professor came in yesterday because of the injury yesterday morning and got me in at 10:15 which is incredible. I have got the greatest praise for the NHS except community podiatry. I did complain and that was passed on to the manager.

The manager called me the next day which was very good as well. He asked me what the problems were, and I explained the story as I've just explained to you and he apologised. I was told, and I won't say by whom; the fax went to the wrong place The GP at the time faxed it through to community podiatry, with the extent of the injury it should have gone to hospital podiatry. In saying that community podiatry should have referred me straight away and passed it on to the hospital and none did a thing.

I am paranoid about my feet because of what they've told me but then to see something like this, it totally stressed me out. Arrowe Park podiatry they are wonderful people up there. They're really nice. The professor too, he sent me for x rays to make sure the infection has not gone into the bone. I have just recalled the District nurses today as the dressing they put on at the hospital is coming off. She doesn't know if they're going to come every day as I've got streptococci in the foot. But I spoke to the nurse and she's not sure if they want to keep opening and closing it. The nurse is going to talk to my GP in the same building. The community nurses are incredible, the fact that they are here for somebody who struggles with Chronic anxiety and depression to talk too and tell me what s going on rather than leave with a bandaged foot for a week really lifts your spirits.

I am so upset with the community podiatrist. I just think its gone worse and it's partly their fault for not coming out to see me. District nurses are wonderful but they are not trained in feet, in specialist feet treatment. The people who should have come to see me or not cancelled my appointment on the Monday are podiatry in my opinion. I phoned again this morning to cancel my appointment on Friday the 11<sup>th</sup> because I seeing podiatry at the hospital so she said do you want to reschedule? and at that point I thought I was going to be kept in today so I said I'm not sure when it will be, I explained and she said you will have to

call your GP and get your GP to refer you next time. Bang the phone went down, that was it. On top of the stress, on top of the worry, on top of the anxiety and depression it rolls into one, it's unbearable. I'm very very upset. I have never ever complained about the NHS, but one part of the service is not working at all. I worry about people who are 70 and 80. That one reason I am complaining, it's not just for me. For some of these older people who are frail. They would not know how to go on the internet, find a phone numbers. I think it's sad, they've let down the NHS badly'.