

Best Foot forward: Community perspectives of podiatry services in Westminster

Community engagement report
August 2023



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Introduction

Overview

This project was developed by Healthwatch Westminster and Healthwatch RBKC in collaboration with Central London Community Healthcare NHS Trust (CLCH).

CLCH approached us in November 2022 to try to understand the high rates of appointment non-attendance that they were observing across their Inner Northwest Podiatry services. Their data between November 2021 and October 2022 showed an increasing trend in non-attendance.¹ The services observed an average non-attendance rate of 7.7% across the time period, peaking at 9.6% in October 2022.

Appointment non-attendance is a pervasive problem in the NHS. It can lead to delayed assessments and diagnostics for patients, an increase in already long waiting lists, and a waste of administrative and clinical resources, increasing the costs of running services.

The aim of this project was to understand the factors affecting podiatry appointment attendance among bi-borough (RBKC and Westminster) residents. We wanted to explore the service accessibility, the quality of care, patient experiences, and the quality of information and advice provided to residents about the podiatry service.

Project implications

Healthwatch's mission is to embed resident voices and experiences at the centre of health and social care services, with a focus on eliminating health inequities and barriers to care for all residents.

The project's findings are crucial in amplifying the voices and needs of residents and addressing structural health inequalities and health inefficiencies in the bi-borough. This data is important in developing strategies to reduce rates of non-attendance and increase access to timely, effective, and quality podiatry care for people experiencing health inequalities.

¹ Central London Community Healthcare NHS Trust, 2022

deprived 20% in the bi-borough. Therefore, this project has important implications in addressing the linkages between social indicators and barriers to seeking care, in order to promote health equity for at-risk groups.

The CLCH data indicated that certain sub-groups are at higher risk of podiatry service non-attendance. These groups included men aged 40-49 years; Pakistani, Caribbean, and Black African ethnicities; and patients in the most deprived 20% in the bi-borough. Therefore, this project has important implications in addressing the linkages between social indicators and barriers to seeking care, in order to promote health equity for at-risk groups.

Methodology

With guidance and input from CLCH, Healthwatch Westminster and RBKC designed the community engagement plan. We visited CLCH podiatry clinics in person to meet with patients and speak about their experiences with the services. We additionally organised a series of community forums through our grassroots stakeholder network. We selected this so that we could create discussion around barriers to podiatry services, while offering signposting resources and delivering presentations to promote foot health.

Though we had planned to complete the engagement activities by March 2022, our timeline was delayed because of challenges coordinating visits to podiatry clinics and low response rates from community organisations.

Healthwatch Westminster and RBKC visited three CLCH podiatry clinics in the bi-borough to speak with patients in the waiting rooms: South Westminster Centre for Health (13 June 2023), and St Charles Centre for Health and Wellbeing (13 June 2023), and Health @ the Stowe (14 June 2023).

We reached out to numerous community-based organisations to speak with residents about podiatry services. We held three community forums with Mosaic Community Trust (13 March 2023), The Advocacy Project's Old People's Voice Group (3 April 2023), and the Persian Care Centre (27 July 2023).

Though we did not restrict participation in our conversations to any particular groups, we focused our engagement on reaching the at-risk groups identified by CLCH (ie, middle-aged; men; low-income; and Pakistani, Caribbean and Black African ethnic backgrounds).

In total, we spoke with 45 residents through our community engagement and outreach events about the podiatry services.

Findings

Summary

Overall, we found that there was a significant unmet need in terms of podiatry care for residents, especially among older residents. The primary barriers to accessing care included low awareness of podiatry services, difficulty scheduling and rescheduling appointments, and disjointedness in the referral process.

Nonetheless, all the patients that we spoke to at the CLCH podiatry clinics reported being either “satisfied” or “very satisfied” with the services, indicating a need to focus on barriers to receiving podiatric care rather than the quality of care.

Across our sample of 45 participants, the majority of residents that we spoke to through our community engagement events were between 50 and 79 years old and represented diverse ethnic groups (Bangladeshi, Arab, Indian, White, etc.) (see Appendix). A substantial proportion of residents that we spoke to had long-term health conditions and disabilities, which were also associated with their foot problems. Multiple residents reported having diabetes, arthritis and respiratory problems. One resident experienced foot problems after she became partially immobile when she had a stroke.

Accessing the podiatry services

The most common way that residents accessed the podiatry services was by being referred by their GP. Some described the process as smooth, while others said that there were multiple steps and sometimes a long wait to get referred to the appropriate services for their foot problems.

A resident shared with us:

“My GP referred me to the doctor and they gave me an insole. I’ve finally moved the date and time for my appointment but the waiting list is long. Sometimes the wait for an appointment is up to one month.”

One patient at the Health @ the Stowe clinic described the referral process to have surgery for an ingrown toenail:

“There were multiple steps from the GP to the podiatry consultation and finally the surgery, which took some time. It was smooth overall but I just wished I was able to see my GP directly as my toe was really hurting.”

One resident described their reasons for missing their appointment, and challenges in booking a new one:

“I missed my appointment because the letter was sent to the wrong address, and I didn’t receive a phone call or email about the appointment at all. In the end, arranging the appointment required calling up multiple times.”

Another older resident of Westminster explained that she didn’t know how to re-schedule her appointments, which is why she had previously missed them.

A recurring theme in our conversations was the lack of appointments available and the lack of flexibility in moving appointment times. Some highlighted the long waiting times; for some residents, the clinics were located far from their homes, which was a particular challenge if they had foot and mobility issues.

At a clinic, one patient told us:

“There are no appointments during extended hours, with only weekday appointments available and little flexibility on the timings.”

At the Old People’s Voice Group, older residents expressed frustration with clinics’ assumptions that they could take any appointment time offered, and barriers to changing their appointment dates and times.

Nonetheless, several residents praised the walk-in services at the St Charles Centre for Health and Wellbeing. They described the services as very convenient and flexible, and important in reducing barriers to getting seen by a podiatrist. This suggests a need for more walk-in podiatry services to be made available in the bi-borough.

Information and awareness of services

Generally, there appeared to be limited awareness of the availability of podiatry services. This was especially salient among residents who had only reached their GPs for their foot problems but were not referred to podiatry services or had not specifically sought out podiatry services.

In our discussion with residents at the Persian Care Centre, residents expressed that they didn’t know about podiatry services, and that their GPs hadn’t referred them to these services for their feet or mobility problems.

One Westminster resident shared with us:

“My feet were very swollen and I went to see the GP about it. They told me that if I just left it alone, it would go away. I asked him if I could have any tablets or medication, but he said those are no good. And now my feet are still swollen and I don’t know what to do.”

Another resident from RBKC told us:

“I don’t know if there are podiatry services in my borough. My GP didn’t tell me anything about these services when I spoke to them about my foot pains.”

Additionally, residents highlighted that GP surgeries don’t tend to advertise podiatry services or offer much health promotion activity surrounding foot health. There was generally little awareness of the importance of foot health among the residents that we spoke with.

One older resident mentioned that she was unable to find an NHS service, and so had reached out to Age UK Westminster for a referral to the podiatry services. She was charged £30 for this service and pointed this out as a deterrent to seeking podiatric care.

Quality of services

Overall, patients expressed feeling satisfied with the services offered at the CLCH podiatry clinics. All the patients we spoke to reported receiving appointment reminders by text and mail before their appointments.

At the Health at the Stowe clinic, one woman told us:

“It’s a very good service, and they even reminded me about my next follow-up appointment as I was leaving.”

A patient at the St Charles podiatry clinic shared:

“[The staff] are always caring and I don’t feel rushed in my appointment.”

We spoke with another patient before their appointment at the South Westminster podiatry clinic, who said to us:

“The staff are pleasant and very knowledgeable. They keep me well informed with every procedure.”

Limitations of findings

While the Healthwatch teams were able to reach residents through our community forums, we didn't speak with as many patients at the CLCH podiatry clinics because there weren't many patients on the days that our engagement staff visited. Moreover, as we didn't find any specific podiatry or foot health-related organisations or groups in the bi-borough, it was hard to conduct targeted outreach towards podiatry patients or residents experiencing foot health issues.

Through our community forums, we identified a significant unmet need in podiatry services among residents. Many spoke with us directly about personal problems that they were experiencing with their feet. However, since we didn't have a podiatrist or specialist with us, we were unable to provide direct support and could only signpost them to further resources and care. At some of our community forums, such as our event with the Persian Care Centre, we experienced some communication and language barriers. This may have affected the accuracy or depth of our findings, as we didn't bring any interpretation support with us to the event.

Though our project participants were diverse in age, ethnic background, and self-reported socioeconomic status, we weren't able to reach all the at-risk populations identified by CLCH. For example, we struggled to speak with middle-aged men, as the community organisations that we reached out to primarily interacted with women.

Our community forums were held with organisations that were located in the bi-borough. Although the majority of the participants were residents of Westminster and RBKC, there were still several focus group participants who were not patients of the CLCH podiatry clinics specifically. This may affect the applicability of some of our findings in understanding the high rates of podiatry non-attendance within the CLCH network.

Recommendations

Priority one: Streamline the referral process

Residents expressed the challenges with getting referred to the appropriate services. Some felt they had little power in the referral process and in getting the care that they needed, and that the onus was on them to advocate for their needs and book appointments for specialist care.

Better coordination between GPs, patients, and specialists will increase patient confidence and ensure that the patient's voice and needs are being considered throughout the care journey. It is also important to ensure that GPs have access to accurate and high-quality information to help them identify patients' needs for podiatric services and refer patients to the appropriate services.

Priority two: Increase flexibility in scheduling and rescheduling podiatry appointments

Residents reported challenges in making and moving appointments, with long waiting times and lack of flexibility in appointment time slots. More walk-in services, like at the podiatry clinic at St Charles Hospital, would reduce barriers to getting care. Additionally, offering more appointment times, outside of working hours and on weekends, would make it easier for patients to make their appointments.

Priority three: Promote awareness of podiatry services and the importance of foot health

Through our community forums, we spoke to many residents who had a lot of foot problems and clearly had a need for podiatry services, but either didn't know about podiatry services or had not been referred by their GP. By improving signposting and information about foot health, more residents can advocate for their foot health needs at their GP appointments or seek podiatry services on their own.

GP services can take a more preventive approach to foot health, with promotion of foot health and information about how to detect symptoms early on, to make sure that foot health issues do not worsen. There can also

be targeted information promotion, such as for at-risk patients with conditions like diabetes.

Priority four: Carry out more clinical outreach and engagement about foot health in the community

During our community forums, residents expressed a desire to speak with a clinician who could address their foot health concerns on-site.

In future, CLCH can conduct outreach events where podiatrists are brought to community organisations and events. They can offer a space for experts to speak to residents about their foot health needs, deliver health promotional materials, offer signposting resources, and educate residents about how to maintain good foot health.

Acknowledgements

Thank you to CLCH NHS Trust for their guidance and support in this project, and for coordinating our visits to the CLCH podiatry clinics in Westminster and RBKC. We would like to thank all the team members at Healthwatch Westminster and Healthwatch RBKC for their contribution to this project.

This project wouldn't have been possible without the support of the partnered organisations in helping us to reach residents, as well as the collaboration of residents in sharing their valuable experiences and perspectives with us.

Mosaic Community Trust

The mission of the [Mosaic Community Trust](#) is to empower diverse, socially and economically marginalised and disadvantaged communities to participate as community leaders and to access services and economic opportunities. They provide a range of community health and empowerment services, including a Holistic Wellbeing 40+ social drop-in, advocates capacity building training, benefits and housing advice sessions, a monthly police workshop, and a drop-in session for mothers to support children's and young people's mental health and wellbeing.

The Advocacy Project – Older People’s Voice Group

[The Advocacy Project](#) helps people speak up and make decisions about their health, wellbeing and social care. Some of their services include advocacy services, user involvement projects, and innovative Personal Health Budget projects. The Older People’s Voice Group is comprised of Westminster residents aged 65+, who meet monthly to discuss service gaps and share experiences. This group also sits on a variety of strategic committees.

The Persian Care Centre

The [Persian Care Centre](#) helps Iranian elderly people connect, interact, and combat isolation. They provide advice, education, and social activities, with the goal of increasing community participation and wellbeing while maintaining their independence and autonomy.

CLCH NHS Trust: Podiatry Services

Referrals can be made by completing one of the following referral forms:

- [Podiatry referral form](#)
- [Diabetes podiatry referral form](#)

Contacting the Single Point of Access (SPA)

Clinician queries

- Phone: 020 8102 5555
- Email (Monday to Friday, 8am to 5pm): cbo@nhs.net

Patient queries

- Phone: 020 8102 5555
- Email (Monday to Friday, 8am to 5pm): clcht.bookingsupport@nhs.net

Health @ the Stowe

Address: 260 Harrow Road, London, W2 5ES

Phone: 020 7316 6800

South Westminster Centre for Health

Address: St Georges House, 82 Vincent Square, London, SW1P 2PF

Phone: 020 7963 2444

St Charles Centre for Health and Wellbeing

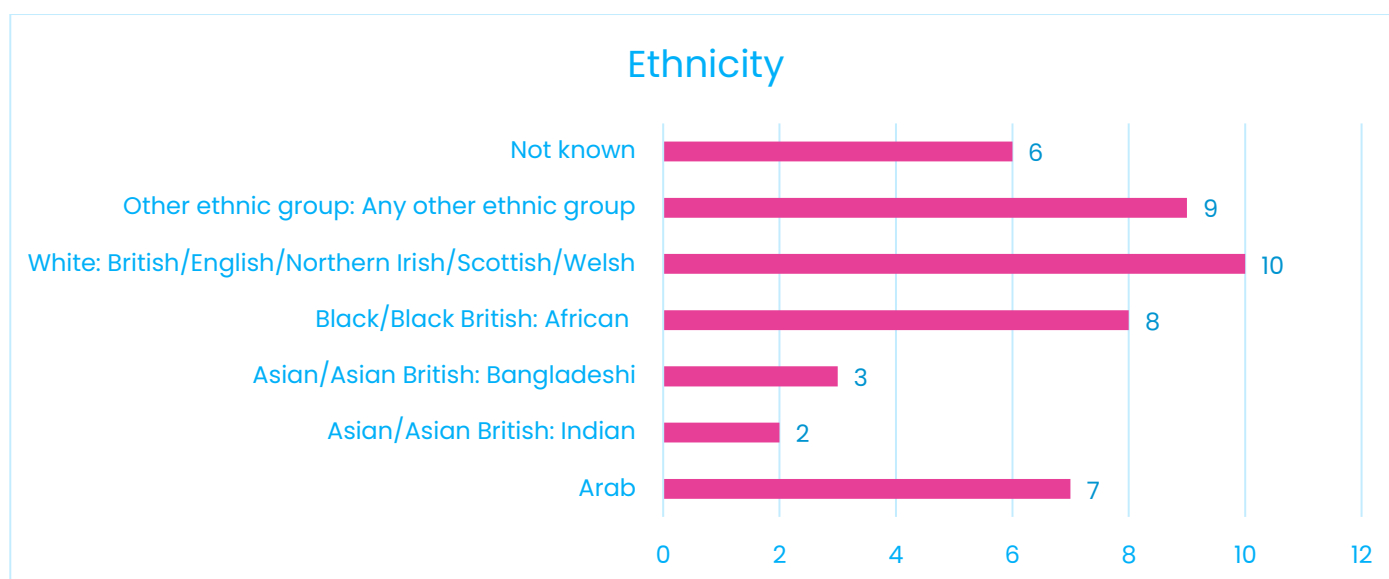
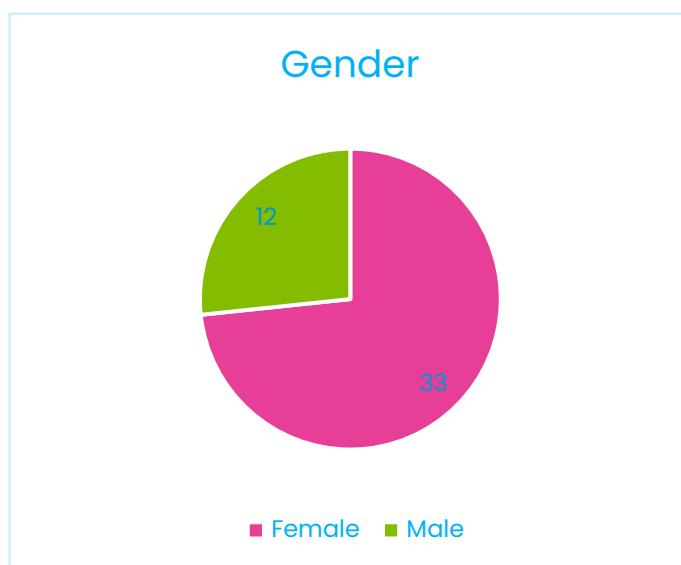
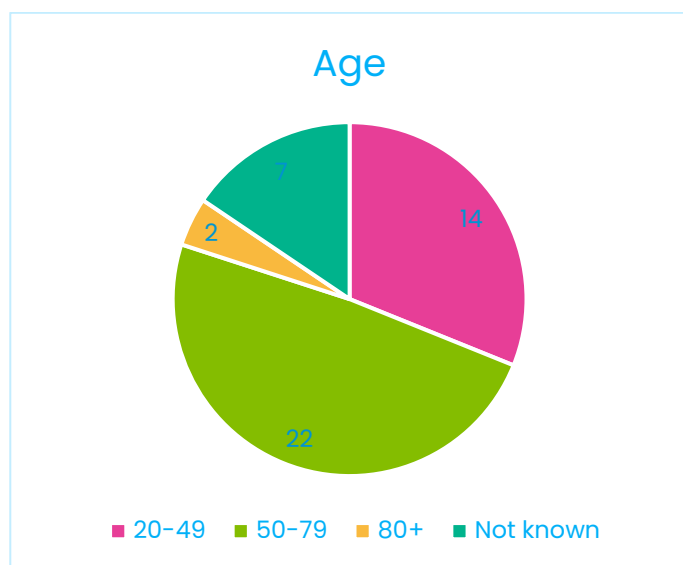
Address: Exmoor Street, London, W10 6DZ

Phone: 020 8969 2488

Appendix

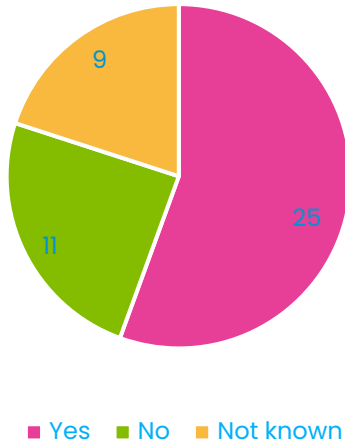
Note that this data includes all the residents we spoke with at our community forums and outreach events, across the two boroughs of Westminster and RBKC. We have not differentiated between residents from Westminster and RBKC. Where the data was not collected or participants preferred not to disclose their information, we have categorised these as “not known”.

Demographic information



Health conditions

Long-term health needs or disabilities



Foot problems reported by patients at CLCH podiatry clinics

Ever since my stroke, I've experienced a loss of mobility and my foot often goes numb, so I have to go for the prick test at Health at the Stowe to check sensitivity.

Infections in feet and unable to cut nails

Multiple stress fractures, biomechanical damage and fallen arches

I broke my left foot twice and have also been given shoe inserts.

Ingrown toenail

Pain, burning, Morton's neuroma



Healthwatch Westminster

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