

DRAFT SERVICE SPECIFICATION

Service	Podiatry Services
Commissioner Lead	Wandsworth CCG
Provider Lead	TBC
Period	From 31.7.19 and for an initial contract period of 2 - 5 years
Reviewed and agreed by CSW	

1. Purpose**Aims**

The provision of Podiatry Services to patients of Wandsworth CCG affiliated general practitioners.

To provide patients requiring podiatric intervention / foot care with access to community based high quality safe care that gives effective and timely advice, assessment, diagnosis and treatment for their condition.

These services will be provided by HPC Registered Podiatrists working across a variety of settings, enabling patients to access care closer to home, reducing waits and unnecessary visits to hospital which will lead to better health outcomes.

The service is open to people of all ages and each patient will be assessed on an individual basis.

Patients can be referred by their GP or Health Care professional

Treatment is provided according to individual Podiatric need.

The service aims to help:

- prevent future foot problems through health promotion
- relieve pain
- maintain function and mobility
- prevent or minimise deformity
- reduce the risk of ulceration and amputation.

There will be a requirement to have an appropriate booking system that allows telephone booking Monday to Friday and generates an Electronic Patient Record that enables outcome based and performance data to be collected.

Going forward, the provider will

- develop pathways to improve self management in Diabetes, Vascular and

- Musculoskeletal services interfacing with other local services as appropriate.
- Develop a coproduction approaches to patient involvement

Interdependencies with other services/providers

The three main acute providers that serve Wandsworth patients are St George's University Hospitals NHS

Foundation Trust, Chelsea and Westminster NHS foundation Trust, Kingston Hospital NHS Foundation Trust.

The podiatry service will work in an interdependent manner with various services within these Trusts that may be

of benefit patients. These services will include:

- Podiatric surgery
- Diabetes
- Vascular
- Rheumatology
- Orthopaedics
- Falls prevention
- Physiotherapy

The podiatry service will also work in an interdependent way with the Wandsworth Community Adult Health

Services; including but not exclusively Community Nursing, Tissue Viability and Maximising Independence (reablement).

Service Philosophy and definition of podiatric need

The service philosophy is to encourage and facilitate self care whenever possible. This will include teaching patients and carers how to self-care.

Please see below the definitions of podiatric need and the service will treat high and medium need podiatric Conditions and will provide foot education and links to other local foot care services for those patients with low need.

ID	Level of Need	Definition
1.	High Need Acute conditions	<ul style="list-style-type: none"> • Ulcerations / Tissue Viability • Infections of skin and nails • Acute biomechanical problems
2.	Medium Need Painful conditions	<ul style="list-style-type: none"> • Symptomatic corns • Symptomatic moderate / heavy callus • Chronic biomechanics • Severe Foot Deformities • Painful nail and skin e.g. involution • Painful foot warts (pain reduction)

3.	Low Need Non-painful conditions	<ul style="list-style-type: none"> • Minimal diffuse callus • Non-painful verrucae • Skin care advice e.g. athletes foot, pressure points • Simple nails / nail care
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Evidence Base

- NHS Community Services: Taking Centre Stage 2018
- Nice Guidance NG100 Rheumatoid Arthritis in Adults: Management (2018)
- Diabetic Foot Care in England: An Economic Study. Insight Health Economics 2017
- Podiatry: Driving Vale, improving outcomes. The College of Podiatry. Jan 2018
- Improving footcare for people with diabetes and saving money: an economic study in England. Diabetes UK 2017
- A guide to the benefits of Podiatry to patient care (2010)
- Orthotic Service in the NHS: Improving Service Provision, York Health Economics (2009)
- Old Age is the New Middle Age – Alan Johnson 2008
- Primary Concerns – Age Concern (2008)
- Our NHS our future (2007)
- Our Health, our care, our say a new direction for Community Service (Jan,2006)
- Best for Health (2006)
- Supporting people with long term conditions: An NHS and social care model to support local innovation and integration (2005)
- Creating a Patient led NHS: Delivering the NHS Improvement Plan (2005)
- Choosing health: Making healthy choices easier (2004)
- Standards for better health (2004)
- Tackling health inequalities: A programme for action (2003)
- The Essence of Care- Patient focussed benchmarking for health care practitioners (2001)
- NSF for Older People (2001)
- NHS Plan a Plan for Investment, A Plan for Reform (2000)
- NSF Diabetes (1999)
- NSF Long Term Conditions
- Nice Guidance NG19 – Diabetic Foot Problems: Prevention & Management

General Overview of service delivery by site

The Podiatry Service will provide podiatric interventions through the following main service areas:

➤ Routine Podiatry Community Clinics.

- Tooting Clinic
- Doddington Health Centre
- Queen Mary's Hospital
- Balham Health Centre
- Brocklebank Health Centre
- St John's Therapy Centre
- Greyswood GP Practice

- Southfields Group GP Practice
- Tooting Leisure Centre

NOTE: The current provider, St George's, has informed us that St Johns may not be available going forward so a suitable alternative will need to be identified.

The Commissioner welcomes proposals to rationalise the sites and proposals to hold clinics at other sites that will be of benefit to patients to bring care closer to home. This will be by prior agreement with the Commissioner.

Transport will be provided by XXXX to Balham, Brocklebank, Queen Marys and St Johns

➤ Specialist podiatry

- Needling service for long standing Verrucae Pedis
- Nail Surgery service. Domiciliary Care providing 20 sessions per week (this includes care homes)
- Biomechanics and the Musculo Skeletal service (MSK) - 29 sessions per week: (*currently St John's*)
 - Orthotics lab
 - Provision of customised orthotic devices 3 sessions of manufacturing per week
 - Provision of a range of off the shelf adaptable orthotic devices
 - Shockwave therapy
- Biomechanics / MSK service for Podiatric Surgery.
- Queen Marys Hospital inpatient wards (including mental health although this will end in 20/21) one session per week
- Advanced wound care service 5 sessions per week. (*currently St John's & QMH*)
- Domiciliary advanced wound care service. 5 sessions per week
- High risk podiatry across all clinic sites
- Contribute to the Beta Cell Diabetes MDT at QMH for 9 sessions per week
- Podiatry services to HMP Wandsworth - 1 session per week
- Education sessions to be provided across the borough on a regular basis
- Diagnostics are occasionally needed and are picked up through existing podiatry revenue costs.

Objectives

Quality

- To provide accessible, timely podiatric and bio-mechanical assessment and management of podiatric related issues by a highly skilled workforce, reflective of patient's needs.
- To undertake risk assessment to enable a safe and secure environment for service delivery.
- To deliver services in line with government standards, professional guidance, governance agenda, local policies procedures and best practice guides.
- To report clinical incidents and complaints in accordance with trust policy.

- To undertake audit in line with the trust agenda, service requirements and participate in national audit as requested.
- The service will support continuous professional development for the workforce.
- To ensure staff are up to date with mandatory training requirements.
- Use patient feedback to inform areas for service improvement and staff training as applicable

Customer Experience

- To optimise podiatry related outcomes for service users.
- To ensure that the customer receives the right care at the right time in the right place.
- To maximise patient experience and satisfaction with the service.
- To provide podiatric related literature that is relevant for the needs of local patient groups.
- To promote health and wellbeing for patients and carers.
- To introduce co production approaches to developing the podiatry service

Best Value

- To provide safe, high quality care that is reflective of local needs and is delivered within resource allocation.
- To ensure that all staff can deliver the core service, and highly specialised staff are trained to the required level to provide services that are over and above the core.
- To establish inter professional working practices across specifically for Diabetes, Vascular and MSK

Service delivery pathways

- To work in partnership with Higher Education institutions to facilitate under and post graduate podiatry student placements.
- To be a source of knowledge and expertise for Wandsworth CCG, other healthcare professionals and general public.

Expected Outcomes**Quality**

- Equitable access based on podiatric need. All patients are assessed, and evidence-based care plans are provided to meet podiatric recommendations.
- Care is provided in a safe and appropriate community setting to minimise patient and corporate risk.
- Learning activities will take place in relation to audit results, incidents and complaints.
- Monitor and review access and actively manage waiting lists and DNA rates
- Service provides the best quality of care, uses evidence-based practice for patients, carers and staff.
- Regular line management supervision, peer review, clinical supervision and trust performance development review system.

Customer Experience

- Customers of our service are encouraged to be involved in their care and action planning to achieve podiatric recommendations.
- Delivery of podiatric care is within distinct care pathways and considers the holistic view of patient and carer's needs.
- To use the results of the patient satisfaction surveys, complaints and compliments to develop and improve the service.
- Use the evaluation feedback from peer review to develop practice.
- Podiatric advice resources available to the public and health and care professionals

Best Value

- Service delivery encompasses a core service of podiatric care with access to specialist and enhanced provision as required.
- An internal programme for learning and development is operational and staffs participate in peer review and clinical supervision.
- Training requirements are identified using line management supervision and the trust performance development review system
- Provision of specialist advice and treatment in liaison with other specialist services e.g. DN's, diabetes services, as the patient journey requires.
- Maintain accreditation for podiatry student placement training will contribute to the sustainability of the workforce.
- Accessible and consistent advice to podiatric related problems that are evidence based.

2. Scope**2.1 Service Description**

To provide a high quality integrated community Podiatry service to the GP registered population of Wandsworth CCG.

Work together with health colleagues at St George's hospital and CLCH in relation to Diabetes, Vascular and Musculoskeletal care.

1) Routine Community Clinics

These clinics provide 'routine' podiatric care in the community setting – pathological foot & nail care, basic biomechanics and provision of insoles, advice on self-care – and referrals on to other specialist podiatric services as required. The clinics review & monitor both patients with a high risk podiatric need and high risk patients with

diabetes as identified by NICE guidelines. The service is not commissioned to provide treatment to those that can cut their own nails unless there is a Podiatric need.

2) Needling Service

The provision of needling under local anaesthesia for patients with longstanding or painful verrucae pedicures that have not responded to self-care or further conservative treatment.

3) Nail Surgery Service

Nail surgery is undertaken under local anaesthesia for ingrowing and complex nail deformities. This service is provided at St John's Therapy Centre where all cases are assessed, the nail surgery is performed and then followed up to resolution and discharge.

4) Transport Services for Community Clinics

The provision of transport services for patients who are not housebound but are unable to make their own way to the community clinics. Weekly sessions are offered at Balham and Brocklebank Health Centres with transport to and from the clinic being provided by HATS. One off transport is also provided at QMH and St John's for emergency care.

5) Domiciliary Visits (this includes Care Homes or Residential Homes with or without nursing)

This part of the service treats pathological foot problems of the foot and nail in the patient's own home or care home. This service is strictly provided to patients who are unable to access community podiatry services because of their medical condition and are housebound. Education and training to nursing / care home staff can be provided to enable them to appropriately identify who to refer to the podiatry service and to whom they will provide nail care. The service is not commissioned to provide treatment to those that can cut their own nails or where there are nurses, HCAs or carers who can provide this care. Patients identified as mobile and attending other clinical services, GP practice appointments or other non-clinical sites will be discharged and referred to non-domiciliary clinics. GPs will be asked to evidence podiatric need in their referral.

6) Biomechanics / MSK Service

This service provides clinical biomechanical evaluation of the lower limb for musculoskeletal disorders at St John's Therapy Centre for GP or healthcare professional referred patients. Treatment plans are provided including orthotics, exercise/stretching regimes, specialist advice on footwear and advice on Podiatric surgery. Diagnostics and steroid injection therapy are accessed as appropriate for individual care plans through the Podiatric Surgery service. Integral to the delivery of the service are the following:

- Orthotics Lab
- Provision of custom orthotics
- Provision of a range of off the shelf adaptable orthotic devices.
- Shockwave therapy for Plantar Fasciopathy, Midportion and Insertional Achilles Tendinopathy

7) Biomechanics / MSK service for Podiatric Surgery

The provision of biomechanics / MSK for Podiatric surgery to ensure that all conservative treatment options have been explored prior to surgery taking place. Close working is in place between the biomechanics service and podiatric surgery to provide seamless patient care between the two.

8) QMH Wards

The provision of weekly routine and urgent wound care podiatry to the wards at QMH hospital, this includes the mental health wards.

9) Advanced Wound care service.

The provision of advanced wound care / emergency clinics at St John's and QMH. These clinics offer specialist input, advanced debridement, dressings and offloading. They request and interpret imaging and blood results, take swabs, bone and deep tissue samples. Clinician liaise with vascular & diabetes services, practice nurses, district nurses and tissue viability nurses.

10) Advanced Wound care in the domiciliary setting.

The provision of advanced wound care in the domiciliary setting working extensively with district and tissue viability nurses.

11) High Risk Service

All staff are qualified to review & monitor both patients with a high risk podiatric need and patients with diabetes classified as high risk as identified by NICE guidelines, this can take place across all clinical sites and within the domiciliary setting.

12) Beta Cell Diabetes MDT at QMH

The provision of Podiatry input into the multi-disciplinary team at QMH working alongside diabetologists, vascular surgeons, dietitians, orthotists, etc in the Beta Cell Unit.

13) Foot protection team and the Thomas Addison MDT at St George's and Beta Cell MDT at QMH

There is an expectation that there will be foot protection service in the community and this will also form part of the MDT services at St Georges and QMH. This will provide on-going monitoring of high risk diabetic patients as per NICE guidance ensuring that complications are spotted early and facilitating the step up and down to the Diabetes MDT services as clinical needs arise.

14) Podiatry at HMP Wandsworth

Provision of Podiatry services at Wandsworth prison and onward referral to specialist services as required.

15) Education sessions

Education to GPs, practice nurses, care home staff and patients as required.

2.2 Accessibility/acceptability

Access to the Podiatry service is based on podiatric need irrespective of age, sex or ethnicity and is open to all patients registered with a Wandsworth GP.

There is a requirement for a DNA policy. At present the current service discharges patients' if they DNA their initial appointment, or DNA 2 follow up appointments within a 12-month period Re-admission will only be considered with a referral from their GP.

2.3 Whole System Relationships

- GPs
- Patients
- Social Services
- Wandsworth CCG Commissioners
- Voluntary sector – e.g. pensioner forums etc
- HMP Wandsworth

2.4 Interdependencies

- Podiatric Surgery
- Hospital diabetes and community diabetes services
- Vascular Services
- GPs
- District nurses, tissue viability nurses and other primary care staff
- Orthotics
- MICAS or MSK services
- Physiotherapy
- Gait Laboratories
- Falls services

2.5 Relevant networks and screening programmes

- Diabetic Pathways and screening programmes.
- Expert Patient Programme and other self-management programmes including social prescribing
- Vascular Care screening programme.
- MSK Pathways

2.6 Sub-contractors

- SSP / Synergy for equipment sterilisation, and there will be a requirement for a new contract for this service.

2.7 Governance

The service will be delivered within the scope of NHS policies, legislation and terms, including:

- Compliance with local and national guidance such as Standards for Better Health (DH 2006),
- The Health Act (2006) Part 2 (Prevention and Control of Healthcare Associated Infections).
- NHS standard Infection control procedures and protocols including decontamination.
- Clinical audit and effectiveness.
- Health and Safety legislation.
- Risk management policy and systems for incident reporting. SUIs will be reported to the commissioners.
- MHRA directives around medical devices and equipment safety policies.
- Medicines management policy for the safe handling of medicines.
- Public and patient involvement systems and processes to provide information to patients and seek patients' views on services.
- Confidentiality, Caldicott principles, consent procedures, complaints procedures, data protection and information governance policy and protocols
- Systems for monitoring activity and staff performance and competency
- Service specific appropriate NSF and NICE guidelines and appropriate professional standards

2.8 Marketing of service

Changes to the referral pathways will be notified to all GPs and other referrers within Wandsworth.

3. Service Delivery

3.1 Service Model

The podiatry service provides appropriate expert assessment, support and instruction to patients registered with a Wandsworth GP. All staff are trained to assess, diagnose and treat as autonomous practitioners. In addition to routine podiatric care, they may undertake biomechanics and nail surgery. Clinical lead podiatrists and specialist practitioners will be required to have undertaken additional appropriate post graduate training.

3.1.1 Staff competence

Mandatory Training

All staff must be up to date with Mandatory training as outlined in St George's policies including CPR, Manual Handling, Conflict Resolution, Information Governance, Infection Control, Vulnerable Adult & Child Awareness training, Fire, Medical Devices and others to be agreed.

Core Skills and Competencies, Professional Registration

All staff must be registered with the HPC and maintain registration by a program of ongoing CPD. The profession undergoes a Bi-annual audit of CPD portfolios by the HPC.

Clinical & Managerial Supervision

Robust clinical supervision structures must be in place:

- All staff receive clinical and managerial supervision on an 6/8 weekly basis for professional and specialist development
- All new staff must attend the Trust induction programme and receive localised induction.
- All staff have an annual Appraisal (PDR) with their line managers and personal development plans agreed to enable individual development to meet competence, HPC registration requirements and to support service development.

3.2 Care Pathways

- Routine Clinics
 - Transport clinics
 - Verrucae treatment.
 - Wards
- Domiciliary
 - Residential homes
 - Nursing homes
 - Day centres
- Biomechanics / MSK
 - Bespoke orthotics
 - Adaptable off the shelf devices
 - Shockwave therapy
- Nail Surgery
- Woundcare
 - Clinic based
 - Domicilliary based
- High Risk Podiatry
 - Clinic based
 - Domicilliary
 - Foot protection Team
 - Podiatry staff at Beta Cell Diabetes MDT
- HMP Wandsworth

4. Referral, Access and Acceptance Criteria**4.1 Geographic coverage/boundaries**

The podiatry service will see all patients registered with a Wandsworth GP.

Location(s) of Service Delivery

Routine clinics are delivered in the following health centres:

- Balham Health Centre
- Brocklebank Health Centre

- Doddington Health Centre
- Queen Mary's Hospital
- St John's Therapy Centre
- Tooting Clinic

The following specialist outpatients clinics are held at:

Queen Mary's Hospital:

- Specialist diabetes clinic (Beta Cell)
- Emergency / urgent clinic
- Ulcer / wound care clinic

St John's Therapy Centre:

- Specialist Biomechanics clinic
- Nail surgery clinic
- Emergency / urgent clinic
- Ulcer / wound care clinic
- Needling Clinic

Other

- Patients' own homes
- Nursing homes
- Residential homes
- Mental health day care / residential facilities
- Bryson Whyte rehabilitation unit QMH
- Inpatient wards QMH
- Mental Health wards QMH

Days/Hours of operation

The service is provided across a range of sites Monday to Friday from 0800 to 1900 hours
No on-call arrangements.

A manned telephone booking system is to be available Mon to Frid at present the service is available Mon to Friday 9.00 to 3.30, there would be requirement for this service to be available 9 – 5 and electronic

Booking with mobile phone reminders where possible.
at present there is a

Referral Criteria & Sources

Referral is based on Podiatric need irrespective of age, sex, and ethnicity.
Acceptable referral sources are:

- GP
- Health Care Practitioner
- Consultant

Referral Route

Referrals to the service are made by:

- GPs
- Podiatric Surgeon
- Consultant (Diabetes, Orthopaedics, Rheumatology, Vascular etc)
- MSK SPoA tbc
- Self Referral tbc by service team

Referrals are triaged by a Senior Podiatrist according to department guidelines, and are allocated to the relevant clinic or service. Please see appendix ...

Exclusion criteria

- Patients not registered with a Wandsworth GP.
- Patients who require social nail cutting only.
- Patients who do not have a podiatric need.
- Domiciliary/Home visits for patients where the home or social situation poses a risk to either the therapist or the patient.

Response time & detail and prioritisation

- Urgent wound care referrals are seen within 2 working days
- Routine referrals are to be seen within 30 days and offered an appointment within 10 days

5. Discharge Criteria & Planning

Following intervention/s when a patient becomes able to self manage their condition either independently or with the support of a carer or other agency, they are discharged from the service. This may include referral on to other services.

Following discharge, the GP is informed by letter which includes information on the interventions provided, self management advice/strategies and recommendations for future management as appropriate.

Patients are also discharged when an intervention is complete, as in the case of Biomechanics or Nail Surgery, the GP will be informed by letter.

6. Self-Care and Patient and Carer Information

The Podiatry department advocates self care and every patient will receive advice and appropriate information at

their assessment appointment.

A series of leaflets are available from the department.

All patient information, verbal and written, will be delivered in the most suitable format for each individual patient.

The department also provides training for nurses / carers in nursing and residential homes within Wandsworth.

7. Quality and Performance Standards

Quality Performance Indicator	Threshold	Method of measurement	Consequence of breach	Report Due
% of staff have completed infection control training in the last 12 months	95% Green = 95% Amber 91% - 94% Red <90%	TBA	TBA	Quarterly
Adult Safeguarding Training	All clinicians should be trained to level 3 – 100% threshold	TBA	TBA	Monthly
Child Safeguarding Training	All clinicians should be trained to level 3 – 100% threshold			
SUIs	95% to be closed within 60 days	TBA	TBA	Monthly count; Quarterly % closed
% of patients for urgent referrals are offered an initial assessment within 72 hours of receipt of referral	90% Green >90% Amber 86% - 89% Red < 85% Blue - No referrals received	TBA	TBA	
% of patients (learning disability, mental health, frail elderly, visual impairment and physical disabilities) who have been referred by their carer receive initial contact within 72 hours	90% Green >90% Amber 86% - 89% Red < 85% Blue - No referrals received	TBA	TBA	
% of patients for non-urgent referral are offered an initial assessment appointment within 10 working days from receipt of referral	90% Green >90% Amber 86% - 89% Red < 85%	TBA	TBA	
% of patients start a treatment package within 30 working days	85% Green >85% Amber 81% - 84% Red < 80%	TBA	TBA	
% of referrals where the referrer is notified within 2 working days of rejection of referral	90% Green >90% Amber 86% - 89% Red < 85% Blue - No referrals received	TBA	TBA	
% of discharge summary supplied to the patient and their	90% Green >90%	TBA	TBA	

GP within 5 working days of discharge from the service	Amber 86% - 89% Red < 85% Blue - No referrals received			
Number of carer referrals received by the provider per quarter	Actual number	TBA	TBA	
DNA rates	8 -10%	TBA	TBA	Monthly
100% of patients to complete a Patient Reported Outcome Measurements (PROMS) score pre and post treatment	100% Green = 100% Amber 95% - 99% Red <95%	TBA	TBA	
% of treated patients completed patient satisfaction surveys within the Quarter	35% Green > 35% Amber 31% - 34% Red <30%	TBA	TBA	
% of patients surveyed reported good or improved patient experience within the quarter	80% Green >80% Amber 76% - 79% Red < 75%	TBA	TBA	
Known ethnicity	≥80%	TBA	TBA	Monthly
Turnover rate	≤10%	TBA	TBA	Monthly
Sickness absence	≤4%	TBA	TBA	Monthly
Vacancies	≤15%	TBA	TBA	Monthly
Appraisals	≥90%	TBA	TBA	Monthly
NHS number recorded	≥95%	TBA	TBA	Quarterly
Outcomes recorded	≥95%	TBA	TBA	Quarterly
Remedial Action Plan Report (s) submitted for Key Service Outcomes below target threshold	100% Green - report Submitted = 100% Red - Report not submitted = <99%	Submission of report		Quarterly
Quarterly Service Quality Performance Report: Detailing performance against below as set out in Particulars 1. PROMS results with narrative interpreting the results/ graph 2. Complaints detailing complaints received, action taken and any themes in the type of complaints 3. Operational Standards 4. National Quality Requirements 5. Local Quality Requirements 6. Never Events (also capturing all incidents and near misses reported, detailing actions taken)	Green - report Submitted = 100% Red - Report not submitted = 0%	TBA	TBA	

<p>7. Service Development Improvement Plan, if applicable including without limitation:</p> <p>a) any Never Events that have occurred</p> <p>b) details of all requirements satisfied</p> <p>c) details of, and reasons for, any failure to meet requirements</p>				

8. 2017/18 Activity

Below is the activity the CCG commissioned for community podiatry services in 2017/18. At present, the service is commissioned as a block and AQP contract with one provider, with just under 39,000 contacts and as 2 smaller AQP contracts of between 1,000 and 3,000 contacts provided by two other separate providers. Most of this activity is provided in clinic settings across Wandsworth and 2846 or 6.5% of the activity is provided in the patient's own home.

	Total non AQP	Total AQP	Total Podiatry
Contact activity	9,436	32,248	41,684
Number of first contacts	135	9,296	9,431

9. Continual Service Improvement Plan

To provide accessible, timely podiatric and bio-mechanical assessment and management of podiatric related issues by a highly skilled workforce, reflective of patient's needs that is representing value for money for the commissioners.

Development areas:

- Seamless diabetic pathways.
- Podiatric Outcomes.
- Patient satisfaction.
- Specific costing relating to service areas.

10. Prices & Costs

10.1 Price

Basis of Contract	Unit of Measurement	Price	Thresholds	Expected Annual Contract Value
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Block/cost & volume/cost per case/Other_____*	xx	£xx		£
Total		£		£

**delete as appropriate*

DRAFT

Appendix 1: Patient Questionnaire

At First Appointment: Please tick ✓ for Pain Level Today

POCS Score

No Pain

Extreme Pain

0	1	2	3	4	5	6	7	8	9	10
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

How much do the problems with your feet affect your quality of life?

They have a huge impact on my life	I have a lower quality of life	They make my life more difficult	No difference
✓	✓	✓	✓

Overall, how would you rate your treatment?

Excellent	Good	Acceptable	Poor
✓	✓	✓	✓

Would you recommend this service to a friend or family member?

Highly recommend	Recommend	Possibly recommend	Wouldn't recommend
✓	✓	✓	✓

Any further comments:

At Your Second Appointment:

How painful were your feet after they were treated last time?

No Pain

Extreme Pain

0	1	2	3	4	5	6	7	8	9	10
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Did having your feet treated help with your mobility and independence?

It greatly improved my mobility and independence.	It made a positive improvement	It made no difference	It made things worse
✓	✓	✓	✓