

127. IMPROVING PATIENT FOOT HEALTH CARE THROUGH AUDIT AND SERVICE EVALUATION: ONE-YEAR OUTCOMES OF REGIONAL SERVICE DEVELOPMENT PROGRAMME

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Background: A series of publications relating to foot healthcare recommendations for patients with RA have been produced in recent years. Simultaneously the NHS has been subject to a number of changes in service funding, staffing and management. As such, it was unclear to what extent current NHS podiatry service provision within a regional hospital department met the recommended standards of care for this patient group. Therefore the main aim of this programme was to determine regional adherence to nationally recommended standards of podiatric care for patients with RA at baseline and following a prospective 12-month programme service development.

Methods: A series of co-ordinated, inter-linking audits and service evaluations were completed in the podiatric rheumatology department during 2013. Specifically, a baseline and 12 month follow-up audit of adherence to 30 best practice recommendations was completed based upon the red/amber/green rating scale for each item, as set out in a nationally available audit tool. Items were coded as red, amber or green if no, partial or full evidence of the criteria being met was available respectively. Following the baseline audit, a programme of service development work was identified, specifically: 4 x service re-design tasks, 3 x audits and 1 x service evaluation.

Results: At baseline, 61.2% (24) of items were coded as red, 19.4% (6) as amber and 3.2% (1) as green. At follow-up, 9.6% (3) of items were coded as red, 29% (9) as amber and 61.4% (19) as green. Service re-design resulted in a reduction in patient waiting times from >20 weeks to 1 week, the capacity to see patients within 6 weeks of diagnosis if

required, and dedicated multi-disciplinary input or access at all clinical sessions. All areas of patient assessment were fully compliant following staff training and introduction of a dedicated proforma. Evaluation of service user experience demonstrated a 100% ($n=12$ patients) reporting that the service would be recommended to their family and friends. Staff within the clinic have both received and provided specialist training to secondary and primary care colleagues, have hosted undergraduate and post-graduate student clinical placements and supported 2 clinical academic internships. Enabling annual foot health review and direct referral for imaging remain limitations of this service and form the basis for future development.

Conclusion: The audit tool provided a robust framework for the evaluation of adherence to best practice recommendations. A structured programme of audit and service evaluation has helped to drive service development and resulted in improved clinical care provision at 12 month re-evaluation.

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