**So just tell us a little bit about yourself really and your role**

Ok so I’m an area Head of Podiatry and Orthotics for the Health Board so we cover two counties. Podiatry is looking after any lower limb problems and especially foot problems so we can do muscular skeletal problems we can do core podiatry work where there is you know painful corns, callus, things like that and then a lot of our work is in the diabetic foot clinic with diabetic foot patients who have ulcers and obviously we do we do that clinic, it’s a multi-disciplinary clinic but its podiatry led. But during COVID obviously our core routine work had to stop so we could only, sorry i need to backtrack. Orthotics is the manufacturing and prescribing of devices for any part of the body so it could be back braces, knee braces, you know head support anything like that so we provide orthotics that help during trauma during for cancer patients anything at all that an orthotic might help, a device might help then we provide that and again it was the urgent work that could continue during COVID.

**OK and the work that you do is it purely adults or do you deal with children too?**

Any age at all as long as they’ve got any podiatry or orthotic need then we deliver the care

**In terms of the last 6 months, if you can kind of run a search programme in your mind over the last 6 months with the following question in mind what good or bad changes have come about as a result of people’s response to the coronavirus crisis, this could include all kinds of changes so it could be a change in the life of someone you work with, a change in yourself – your attitude the way you feel about yourself or what you do, a change in the way your organisation works, a change in the way other people work or relate to you or something else. The important thing is to identify that something has changed.**

I think as a service I think the way that we’ve bonded as a team has been a real positive change. That obviously we weren’t able to see a lot of patients face to face, we had to change the way that we delivered our care significantly.

**So how did you do that?**

Right ok so we had to stop seeing all routine patients but obviously we’ve got a significant number of high risk patients with complex needs and we had to make sure that there were safe podiatry and orthotic involvement for these patients to we started straight away identifying sort of risk stratifying our patients and identifying those that we needed to continue to face to face see. We also realised that because we are a small department to be able to deliver this the podiatrist needed an assistant for this high risk work because we do a lot of off loading, we do a lot of manufacturing of casting to off load the ulcers, obviously wound care, there is a lot of double handling and so you need 2 pairs of hands and we thought how are we going to do this if one of us gets it then we’ll all go down so we set up a buddy system so that we worked in buddies so that we covered the area so geographically we looked at where people lived we looked at where the buddy lived, we looked at the skills and knowledge of each clinician. So we had to have the right person with the right skills to the right place with the right buddy. We identified those who we knew had face to face they only delivered the face to face care and then those that we weren’t sure of we set up a telephone assessment clinic so we telephoned every single patient that we thought were at risk or vulnerable just to keep in touch with them and that worked really well. They were sending photographs to back up the telephone conversation and the detail they were giving us and then through the photographs and the information they provided we could decide on a treatment plan so was it more patient self-education could we send them something to help them manage their self-care or did we need to see them. The positive from this is through patient education we have seen a lot of patient empowerment so patients, I feel, are more armed to deliver self-care and to get in touch with a healthcare professional at a timely opportunity when they need to rather than in the past they would think oh it’s been three months I need my feet doing, they would come and they didn’t need their feet doing. They would be clogging up our system for those people that did because we are a very small team we’ve got limited capacity so I think through this through patient education through putting resources on the internet for the patients to help them to self-care and explaining to them how to get in touch and when to get in touch and we’ve been able to be a much more reactive service so those people in need we’ve seen them in a timely manner and you know one of the stories demonstrates that quite nicely.

Between podiatry and orthotics there’s about 21.

**Ok so you were talking about sending photographs so how did you in terms of the photographs did they just send them via an email address**

Yeah they’d send them via an email address we tried to get some of the elderly patients obviously with technology found it a little bit difficult so how we overcame that was most of them had either a carer going in or a relative going in to deliver their shopping so one of the who was shielding actually when she knew when her carer was coming she put her chair by the door she took her tights off ready and when the carer came the carer didn’t have to come in through the door, the carer took a photograph and then emailed to us.

**So we’ve talked about did you say you did some internet self management stuff as well?**

On the Health Board internet page we’ve got a podiatry page with links and information leaflets for patients there as well.

**You said you’ve got a couple of stories in mind and you’ve told me a lot about some of the changes you’ve listed but why are these stories more significant to you and why so if you could start with the first one**

Ok so the first one I think it just it’s a high risk diabetic foot ulcer patient and I think podiatry notoriously people think oh podiatrist cut nails and do hard skin and our recognition isn’t there our knowledge and skills recognition isn’t there what we can deliver what we can do and it really limits our service and it hinders us being able to see the patients that we really need to see because a lot of patients who just want their nails cut or just want a bit of hard skin filing will make a big big fuss to get an appointment and especially now we’re really and we’re not going to have for the foreseeable the capacity to see these patients because that means we can’t see the really complex vulnerable patients that we really need to be seeing so this will demonstrate the type of patient that we help and the way in which we do it

**OK so fire away**

Ok so this patient was a high risk diabetic patient who had a nasty infected foot wound they contacted us by phone we didn’t even need to from what he was describing we didn’t ask for a photograph we said can you come straight in. So we saw him on the same day in the Renal and Diabetes unit in the DGH because that’s where we deliver our Diabetic foot ulcer clinic from and he had spreading cellulitis and basically needed to come into hospital to go on intravenous antibiotics. But didn’t want to come in and we didn’t want them to come in, the patient didn’t want to come in so there’s a new antibiotic but we’ve only been licensed to use during COVID so it’s called Dalbavancin and it’s used in soft tissue infection and it’s, they have it one intravenous dose and it lasts 2 weeks. So we arrange for this to be delivered from the IV suite at a community hospital, so this patient didn’t have to come in as an inpatient, we arranged for the prescription for the antibiotic to be at the community hospital, he had his dose, we kept in contact with him by telephone, seeing him weekly and through that dose and through the wound care we delivered his cellulitis resolved. He’s a very active gentleman and so obviously that was another reason he didn’t want to come in. He is a cycler and he had 3 wounds so now they’ve all resolved bar 1 and it is just a tiny superficial wound that’s left now that will soon resolve as well.

**So you prevented 2 weeks in hospital there then**

Yes there’s a lot of diabetics, a lot of this was happening, but the other way we were doing it we set up what we called an SOS system, we shouldn’t call it SOS actually because the hospital call it See ……. Symptoms and it is and we call it acute need ok so they would ring the administration telephone line and if anything that the admin staff thought oh I don’t know this sounds dodgy we had a list a call back list where the clinical would call them back. So this patient was put on the list and phoned and we though oh gosh we need to see this patient so brought him into the Royal Alex clinic in Rhyl. The clinician who saw him there again he had a foot wound so she arranged x-rays because we thought the infection had gone into the bone, she arranged bloods, he was seen on the morning. I then arranged a follow up in the afternoon in DGH in our foot clinic. By the time he was seen in the afternoon they could review the bloods and the x-ray and he did have a bone infection and he had a fracture as well so again he needed to come in for IV antibiotics. But because it was a bone infection we couldn’t use the previous antibiotic that I’ve told you about but instead they arrange IV antibiotics again from Llandudno’s IV suite of 2 different antibiotics and over a longer period of time. So he had to go in weekly over a period of 6 weeks for this and then they would re-x-ray and review the plan but again keeping someone out of hospital.

**That’s great isn’t it. So in terms of what it was like before, if this had happened pre-covid they would have had to be in hospital for 2 weeks?**

The second one probably wouldn’t have gone into hospital as we were doing that IV one, the first one would have gone into hospital cos we didn’t have that antibiotic. It’s just the speed because normally the second one would ring up even in the DGH we’re chocca normally and because we’ve been very, we’ve risk stratified our patients and we’ve seen they can safely manage themselves with our intervention over the phone and photographs, we’ve got capacity so that when we need to see these rally high risk patients we can say you know what come now.

**In terms of the IV and medication is that something new that has been kind of sped up as a result of covid then, you being able to prescribe this particular IV?**

Our podiatrist people don’t recognise, we’ve got a couple of independent prescribers so they can prescribe.

**So you’ve got Practitioner Prescribers so if it had happened before Covid it wouldn’t have happened you wouldn’t have been able to prescribe?**

It was going to happen yes the independent prescribers but it’s the new antibiotic to treat soft tissue infection that has changed during covid.

**So do you think that that’s the things that’s come to the fore really?**

Yes and we’re going to continue using that

**In terms, it says, you don’t have to think about this now but it says can you think of a snappy title for your story to catch people’s eyes or have you got something that**

Oh my Lord

**I know, I kind of think I suppose what we want to do here is to raise the profile. My background is health and I worked for a long time with supporting projects with therapists and I think they’re much underrated and a kind of profession the allied health go under the radar really don’t they?**

Thought of as come again people and that’s what we don’t want to do we’ve got so much value in what we can do, can I tell you my other story?

**Yes I’ll listen to you for as long as you’ve got and obviously I’m recording it, it’s really good to hear what is going on. I work for the Research, Innovation and Improvement Hub across North Wales so I’ll be looking at kind of what’s going what’s happening, how services are changing and hoping to share that information across North Wales and beyond really for learning.**

**No it’s fine**

Right so another one is we do insoles, so people who have got deformities of their feet with pain so they can’t walk ……with insoles to offload it, so this lady had like a bone on the bottom of her foot was protruding sticking out but she had insoles to offload it and that the insoles that had been made wasn’t right, the insole had been sent away to be made we sent it away and it wasn’t right, it wasn’t offloading it and again she was shielding so she couldn’t come in. So she had a previous insole that we had made that was comfortable but it was really worn so how we did it was we got her to put a ruler next to the insole across it and along it and to take different photographs with a ruler alongside to take different measurements and we were able then to replicate the prescription of the correct insole and manufacture another one for her without her having to leave the house.

**It seems like you’ve been doing loads of problem solving**

It sounds quite good doesn’t it and that’s only 3 I could have got you loads

**So beforehand what would have happened with her, with that lady?**

Again time issue, again we would have had to say ok we’ll book you an appointment for a review appointment but because of capacity, we book clinics for well pre-covid we booked clinics 4 weeks ahead and we’re always fully booked so she’d have to wait 4 weeks for an appointment. We’d have then re-casted her it would then be sent away to the manufacturer to be made and then once we got it back, it wasn’t until we got it back we’d be able to book a fitting appointment. So you could be talking about 12 weeks for that.

**Wow**

And just with seeing only the people we needed, I think as well I don’t know how this is going to happen but it’s made us recognise that we need to see the people we need to see and we need to see them in a timely manner and I think it’s about the other people recognising that perhaps we need to help them in a different way and then when they themselves genuinely need our help we’ve got the capacity to see them when they need us and not a couple of weeks down the line. I don’t know we are very short staffed, we’re a very small team we do need more resource but I recognise that in the NHS that is very limited

**And it’s doing the best with what you’ve got isn’t it? So for that lady then that would have been 12 weeks so how much was cut down then the**

Oh we did it in a week, less than a week probably yes. Yes probably less than a week because we’re not manufacturing we’ve got a lab where we manufacture it all as well and because we’re not seeing routine patients the manufacturing that they need to do is reduced hasn’t it so they could do it straight away as well.

**This really are excellent examples aren’t they and the combination of problem solving and doing things that you can and because you’re prioritising your workload and people are recognising that and they’re coming to you less, the information that they’ve got that reduction, it’s reducing your**

It really is and I think lots of people have learnt as well that we were seeing people that perhaps we didn’t need to be seeing. Like you say it’s been 6 months now so people haven’t had their nails cut or had their hard skin done for 6 months and probably more cos if you can imagine Mrs Jones was due to come in March but hadn’t been seen since November so people haven’t come to us since November they’ve managed. That’s another way that we’re looking at it now and we are going to all our patients since November 2019 and we are stratifying them all so that when we resume services we will see them normally they would ring up to make an appointment but we haven’t got the capacity we can only see 40% of our normal capacity when we’re allowed to start normal services so we’ve had to risk stratify them and we will contact them according to their risk. But it’s how the public will understand that, I’m sure there’ll be a lot of concerns won’t there.

**Yes and I would imagine that would be right across the board**

Oh and therapies, well it’s everywhere isn’t it it’s unavoidable

**They were really excellent examples Joanne I’m really pleased you’ve taken the time today to take part. Have you got anything else to add?**

No that’ll do