

FACTORS THAT AFFECT THE PATIENT EXPERIENCE OF NHS ORTHOTICS CARE

Commissioning

- No Orthotic-specific guidance for commissioners: poorly understood
- Difficulty separating Orthotic funding from bundled tariffs for specialities
- Lack of clarity about 'specialised commissioning' funding and how to get it into the service
- Lack of data: there is a lot of data held by Orthotic companies who may not divulge it due to commercial sensitivity
- The budget holder who invests in Orthotic Care to reduce NHS costs is not the same budget holder who stands to benefit from the savings made : no incentive to invest
- Tension between acute Orthotic needs and the needs of life long users.
- In acute hospitals **poor** Orthotic care can be financially incentivised. If a child had good orthotic care it will cost the hospital money. However if a child is allowed to get a deformity then the same hospital can perform surgery on the child instead & generate income from that via a Payment by Results tariff

Stifled Innovation

- Patients remark that Orthotists use tape measures, pencil and paper jottings and 'trial and error' in a high-tech age
- The person doing the manufacturing is distanced from the patient and may only have the most basic scribbled measurements from a time-pressured Orthotist. The manufacturer is then expected to create something that conforms intimately with a person's body
- Cheap and easy technologies that could help accurate manufacture are not routinely employed (eg photographs, videos, 3D scans of patient's body)
- Commercial companies innovate better products and ways of working that could increase quality and reduce costs in the long term. However NHS services will not (can not) agree to the initial higher costs of these technologies, denying themselves of future cost savings and denying patients of faster provision and well-fitting products
- Private companies have innovation ideas which they can not develop as their 'customer' (NHS) does not want them

Skewed market forces

- Private companies provide 'under-priced' clinicians into the NHS in the hope of making money on the product sales these clinicians will generate by prescribing their products
- Conversely NHS in-house manufactures 'under-price' devices at rates which do not take account of costs of lighting, accommodation, power, staff time etc
- Commissioners able to claim back VAT if they commission fully managed services outside the NHS instead of within it
- Specialist centres (eg GOSH, BCH, Oswestry) provide Orthoses for out-of-area patients, but does the money follow into the Orthotics department budget or get absorbed by the directorate when they cross charge?
- UK has smallest profit margins for Orthotics products which drives down quality and prevents investment in technology

Service Delivery

- Various models around the country (eg In-house model; services "fully managed" by private companies; services ran by NHS managers using private Orthotists), making benchmarking and comparison difficult
- Services often ran by large acute directorates by managers who may not understand what Orthotic devices are nor how to run services efficiently (overlooked as insignificant, most user needs don't fit the acute care model)
- Complex procurement and specialist administration required: devices following same ordering processes as other NHS orders = unreasonable delay
- Workshops and technicians are not routinely available in all settings so simple modifications have to be sent away—leaving the patient without in the meantime

Education

- Preceptorship opportunities are extremely variable due to lack of consistency of service delivery models
- Not enough posts, therefore not enough Orthotists trained
- Only one centre of training in England—no competition
- Four year training reduced to three - reduced opportunity for Orthotists to gain clinical skills
- Accredited clinical assistant and technician courses are required

Substantial shortage of Clinicians

- BAPO estimate there are only 450 qualified Orthotists (both full and part-time) in the UK
- BHTA estimate a need for a 30% increase of Orthotists (using current service delivery model) up to 50% if more appropriate orthotic care models are introduced
- Approx 26-28 students enrol on the Prosthetic & Orthotic course each year in England . Typically around 24 qualify
- These are split between Prosthetics (a third) and Orthotics (two thirds).
- There are high attrition rates (move overseas, dropping out of profession) and career breaks within 5 years of qualification
- The profession is an ageing one and it is expected that many Orthotists will retire with no-one to fill their place
- Inexperienced staff can command over-inflated wages
- There is competition between NHS and Private companies for staff
- Orthotists have little voice due to small numbers
- Clinicians are pressed to see more patients more quickly: driving down quality of service
- To meet need, highly paid clinical specialist AHPs take on tasks that a Band 5 orthotist is skilled to deliver
- Orthotists are expected to provide more face to face sessions per week than other AHPs
- If services are commissioned on the basis of certain clinic sessions being required, these will be scheduled whether or not the regular Orthotist is there, requiring use of locums and disrupting continuity of care
- Inflexible working practises mean that patients are denied access to the service at more convenient times
- Many services cannot review Orthotic patients due to lack of resource
- There is no accredited route for Clinical Assistants to qualify and practice safely
- Waiting lists are not always routinely monitored / addressed effectively

Standards

- Professional body publishes standards which are often disregarded by clinicians eg) expected to see patients in too short clinic sessions but are disempowered to challenge this due to small numbers
- No NICE guidelines/guidance
- No patient 'entitlements'. Whilst need should be a clinical decision patients feel that clinicians judgement can be affected by budget pressure
- Since NHS Supply Chain contract was given to DHL the previous agreement that Orthotic devices must be provided within a timeframe has been dissolved: companies have no obligation to deliver quickly
- Evidence required on the benefits of NHS provision to the health and social sector
- Evidence required on individual treatment protocols
- Standard data set for reporting required

Procurement

- Orthotics is treated as a "commodity" item rather than commissioned as a clinical service which includes an individually prescribed product
- Too many procurement agencies are involved
- Unnecessary layers of admin in hospitals add to delays (eg managers who know nothing about what they are ordering having to sign off orders)
- Opportunities to negotiate on quality, delivery speed and price missed due to services operating in isolation
- BHTA/NOMAG/BAPO created an Orthotics Tariff but this is not yet agreed by the NHS so price remains the main "selling point" for suppliers rather than quality/speed
- Complex/messy procurement involving many suppliers which means it is difficult for services to track orders to ensure that the product is ready for the patient to collect at their next appointment

Unrealistic clinical slot lengths

- Managers and admin staff make decisions about the time allocations for patients to be seen, rather than clinicians
- Pressures mean that in some places clinicians are only given 10 mins to assess patients
- Minimum clinical time slots (20 minutes) are recommended by BAPO
- Multiple time slots are required for complex requirements and initial assessments
- Clinics are routinely overbooked
- Clinicians are not given enough time to communicate effectively with patients
- This means patients are not always given proper advice on how to use / maintain their device. Instead of seeing whether advice may be enough, the pressure is on to get the patient measured instead
- Where slots are too short, patients may have to come back to get the service they needed, which increases delays and patient/carer stress.
- Increased investment in IT is required to streamline note keeping, ordering and reporting

THE ORTHOTICS CAMPAIGN 2014