

Date: 08/02/2017

FREEDOM OF INFORMATION REQUEST FOI/013221 – orthotic services

Finance

1. Which of the following Orthotic Services does your Trust/Health board provide?

Contracted service
 NHS in house service

2. If your service is run by a contractor:

	Reply
Please name them	N/A
When did the current agreement start?	
What is the total value of the contract?	£
Is the tender covering both service and product? Please state what it covers	

3. How is your orthotics service commissioned?

Block contract
 Local Tarrif

If you are on a local tarrif how much does your Trust/ Health board get paid per contact?

Face to Face - £83.71

Non Face to Face - £50.80

4. Please provide annual volumes of orders for the last 12 months (2015-16), and manufacturer lead times for:

We are unable to answer this as it would require the service to manually review thousands of orders.

	Number of orders placed over the last 12 months	Average Lead Time from order to delivery
Stock paediatric Footwear		
Modular adult Orthotic Footwear		
Bespoke Orthotic Footwear		
Orthotic Footwear repairs		
Moulded EVA Insoles		
Plastic Heel cups		
Carbon Fibre Insoles		
Bespoke AFOs		

5. Can you give the breakdown of your financial performance versus budget for your Orthotic **PRODUCT** annually for the last 5 years?

Financial year	Financial Performance	Budget
2011 to 12	£479,824	£446,958
2012 to 13	£487,705	£437,658
2013 to 14	£551,288	£502,658
2014 to 15	£537,151	£521,627
2015 to 16	£579,766	£521,627

6. Can you give a breakdown of your financial performance versus budget for your orthotic service **excluding all NON-PAY** items.

Financial year	Financial Performance	Budget
2011 to 12	£191,995	£191,621
2012 to 13	£193,194	£194,110
2013 to 14	£167,397	£142,870
2014 to 15	£162,227	£182,710
2015 to 16	£161,849	£163,343

Service Provision

7. Over the last five financial years, how many orthotics appointments were made for your entire service?

Financial Year	Total number of appointments made by your orthotics service	How many of these appointments were for paediatric patients?
2011 - 12	9720	1210
2012 - 13	9537	1472
2013 - 14	10164	1962
2014 - 15	9171	1683
2015 - 16	10940	2231

8. Over the last five financial years, how many patients were seen in your entire orthotics service?

Financial Year	Total number of patients seen in your orthotics service
2011 - 12	7289
2012 - 13	7104
2013 - 14	7336
2014 - 15	6788
2015 - 16	7846

9. Out of the patients treated, as detailed in the above table, how many of these patients were under 18 years of age? (broken down in patients seen per year)

Financial Year	Number of paediatric patients seen in your service
2011 - 12	873
2012 - 13	1114
2013 - 14	1402
2014 - 15	1189
2015 - 16	1551

10. What is your average DNA (Did not attend) rate across your service over the last 5 years?

Financial Year	Number of appointments which patients DNA
2011 - 12	524
2012 - 13	467
2013 - 14	580
2014 - 15	534
2015 - 16	818

11. Is your orthotics service part of the 18 week referral to treatment pathway?

- Yes
 No

12. Regarding your current Orthotic Service Waiting times –

	Reply
What is your average waiting time from referral to assessment for a routine adult appointment?	6 – 8 weeks
What is your average waiting time from referral to assessment for an urgent adult appointment?	7 – 10 days
What is your average waiting time from referral to assessment for a routine paediatric appointment?	4 – 6 weeks
What is your average waiting time from referral to assessment for an urgent paediatric appointment?	7 days
What is your average waiting time from assessment to supply of paediatric AFOs	21 days

13. Does your orthotics service take part in multidisciplinary joint clinics:

- Yes
 No

If yes please give details of the joint clinics your service participates in:

Clinic Type (E.g. paediatric, diabetes, orthopaedic etc.)	Clinicians present during the clinic
Diabetic	Podiatry orthotist
Rheumatology	Podiatry, orthotist, Consultant
Antispasticity	Physio, orthotist, consultant
Paeds SLA	Physio/orthotist
Adult learning difficulty SLA	Physio/orthotist

14. Does your service have access to the following facilities:

Equipment	Access?	If yes, how often do you utilise this equipment on a monthly basis?
3D instrumented gait laboratory	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2D Video vector analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Video analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Other gait analysis facilities	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

15. Are children seen in separate paediatric clinics?

Yes (all children)

Only children with special needs – yes, neurological

No

Other

If other, please provide information _____

Staffing

16. Please answer the following section considering Orthotic Sessions run over the last 12 months (2015-16):

	Reply
What is your average number of Orthotist sessions (session meaning 1 clinic usually of 3 hours) per week	10 sessions per week
What is your average number of Limited orthotic practitioners (LOP) sessions per week?	N/A sessions per week
How many full time equivalent Orthotists work in your trust?	3
How many Administration staff do you employ to work within the Orthotics Service?	3

17. Does the orthotics manager have a clinical background?

Yes X

No

If yes, what is their background:

Orthotist X

Podiatrist

Physiotherapist

Occupational therapist

Other (please state) _____

18. Please give details of the skill mix of orthotists currently within your orthotics service:

Orthotist Band/salary	Orthotist title (Junior/Orthotist/Senior/Principal/manager)	Number employed (WTE)
Band 5	Orthotist	1
Band 6	Orthotist	1
Band 7	Senior/Team Lead	1
Band 8a		
Band 8b		

19. Do orthotist's working with complex and highly complex conditions already have or are provided with additional post-graduate training in orthotic management of these conditions?

- Yes, it is mandatory
 Yes, they do have training but it is not mandatory
 No, we don't insist on any particular post graduate training

If yes, please state which post graduate training your orthotists have:

		If yes:	
Do your orthotists provide:		Number of orthotists who work in this area	Number of orthotists who have post graduate training in this area
Orthotic management of Cerebral palsy	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Orthotic management of spina bifida	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Orthotic management of hereditary sensory motor neuropathy	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Orthotic management of the spine	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Gait analysis	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Orthotic management of Diabetes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Other please state:		All orthotic members work in all areas	

20. Do your orthotists have protected continued professional development (CPD) time?

- Yes
 No

If yes, please indicate the amount of protected CPD per orthotist

- None
 Less than 1 hour per month
 1 hour per month
 2 hours per month
 3 hours per month
 4 hours per month
 5 hours per month
 6 hours per month
 More than 6 hours per month
 On an ad hoc basis when the service permits

Other (please state) _____

21. Do you have any orthotist vacancies at the moment?

- Yes
 No

If yes, please provide details below:

Vacancy (job title)	How long has this position been vacant?	Why has the position not been filled?

22. Are you currently employing locum/agency orthotists to cover any aspect of your orthotics service?

- Yes
 No

28. What Key performance indicators (KPI) does your Trust monitor for the orthotics service?

KPI	Yes/No	If yes, please state what your KPI is for each category where applicable
Routine Waiting times	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Manufacturer Lead times	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Failed first fits	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
In patient waiting times	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Urgent waiting times	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Other please state		

29. Does your service accept direct GP referrals?

Yes
No

30. Do you have an orthotic service patient entitlement allowance for the following orthoses or is provision as needs require?

Provision is as needs require Yes
No

If you have an orthotic service patient entitlement allowance please provide the following information:

Orthoses	Do you have an orthotic service patient entitlement allowance?	Entitlement
Spinal orthoses	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Paediatric AFOs per limb	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Adult AFOs per limb	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Paediatric SMOs	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Adult SMOs	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Adult orthopaedic footwear	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Adult diabetic footwear	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Paediatric footwear	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Over splint footwear	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Adult footwear adaptations	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Paediatric footwear adaptations	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Adult insoles	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Paediatrics insoles	Yes <input type="checkbox"/> No <input type="checkbox"/>	