



The impact of whole system transformation of Podiatry Services in Lanarkshire to support self care, direct access and support when it is needed.

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SACILITATING LEARNIN

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UNIVERSAL PUBLIC INFORMATION/STRATECIES FOR WHOLE POPULATION

A DEVELOPMENT



Utilising self-care resources to enhance patient autonomy and outcomes.

Redirection of Podiatry Musculoskeletal (MSK) referrals to self-care resources

"Self-management means that patients decide what their priorities are whilst being supported by clinicians and services to reach them"











Our Health Together

Modern outpatient approach



REALISTIC MEDICINE









AND OUTCOMES

AHP Delivery Model

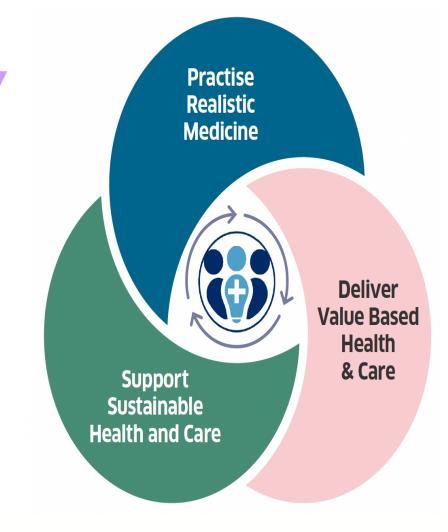
Universal Public Information/Strategies for Whole Population

Targeted Public Information for a Specific Condition/Population

Tailored Self Help
Information

Direct/Indirect
Clinical
Intervention

Specialist Clinician Intervention



Aim Statement



By September 2025, 60% of Podiatry Musculoskeletal (MSK) referrals will be directed to self-care resources before clinician-supported interaction.

This is in line with the national Active Clinical Referral Triage (ARCT) protocol and Realistic Medicine approach.

This project aims to enhance patient autonomy, optimise clinical resources, and improvement overall patient outcomes and satisfaction.

Strategic Pivot: Focusing on the Front End

Working Group Formation

Establishing a dedicated team to examine current protocols and processes

Protocol Assessment

Understanding why telephone-to-face-to-face conversion rates are so high

Triage Refinement

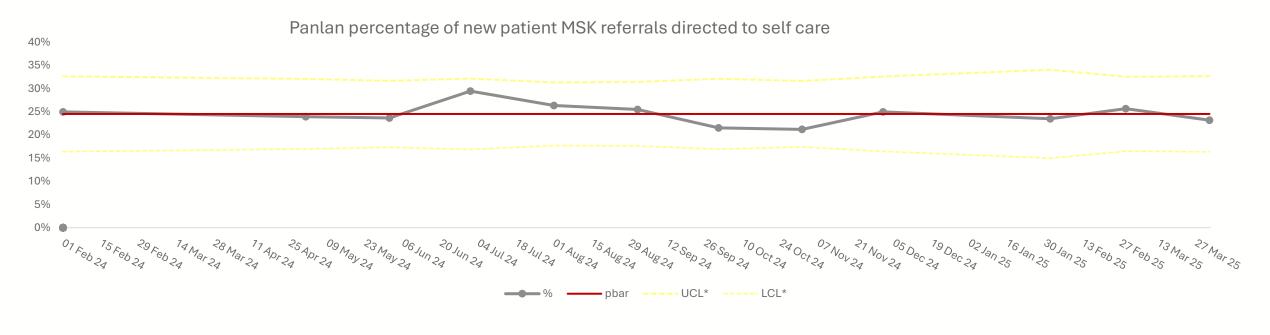
Improving initial assessment to better identify self-care candidates

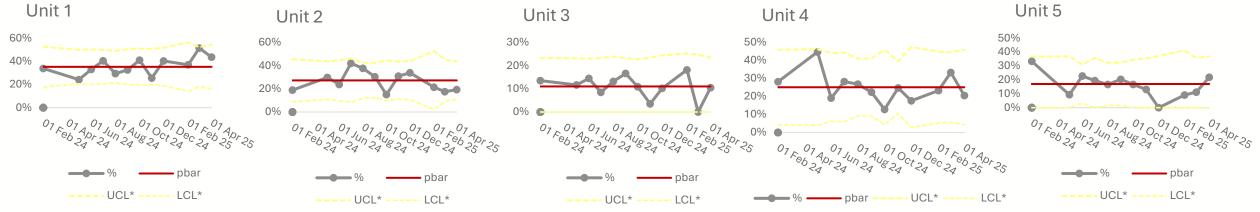
Standardisation

Reducing variation across units through consistent practice guidelines

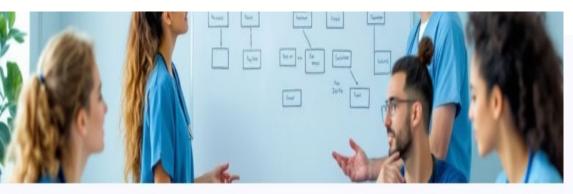
Baseline data







Discovery data



Challenges: Reality vs Expectations

23%

12-34%

92%

Average Self-Care Referrals

Much lower than our 60% target

Variation Range

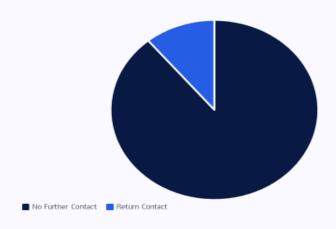
Significant differences across units

Conversion Rate

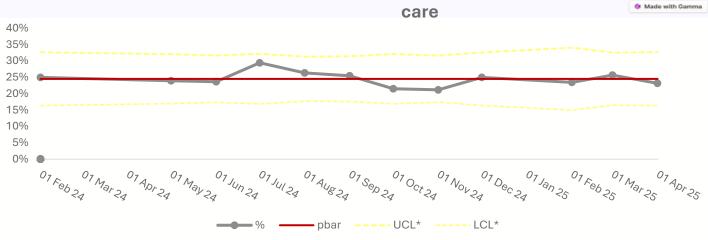
Telephone to face-to-face appointments



Initial Data Analysis: Promising Results



Panlan percentage of new patient MSK referrals directed to self



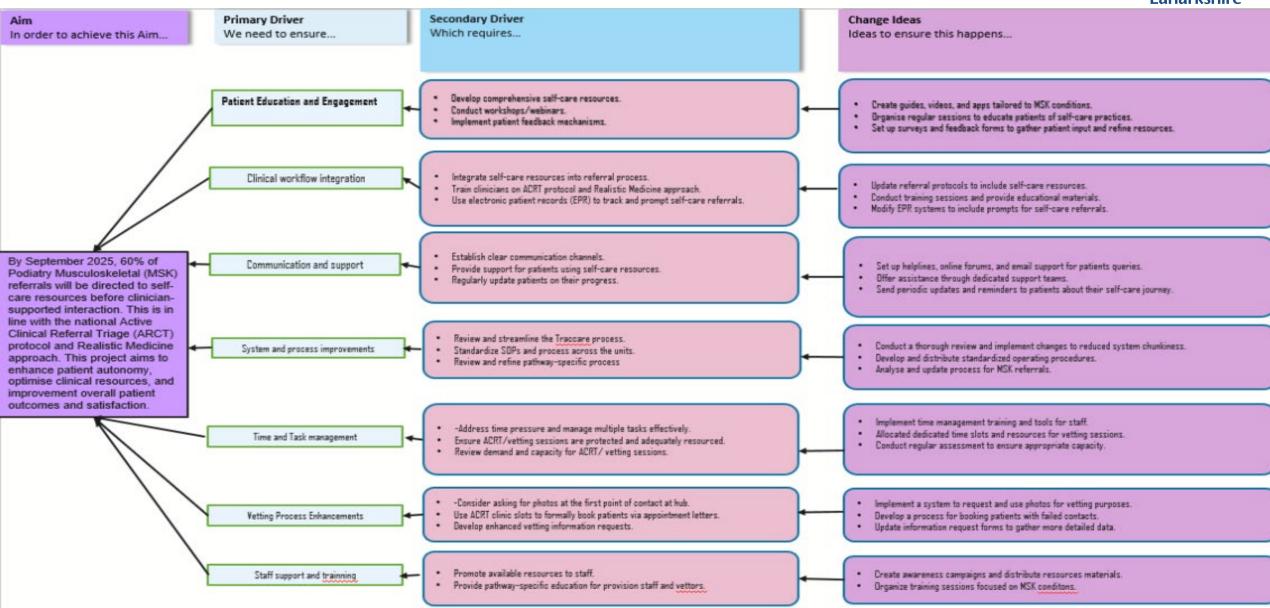
Focus group-Mentimeter



- What factors could be contributing to the MSK triage conversion rate to self-care being 24%?
- What strategies could we implement to improve the conversion rate?
- What factors might be causing the variation in conversion rates, ranging from 16% to 32%, across the five units?
- How can we minimize the variation spread?
- What factors could be influencing the 92% conversion rate from initial telephone consultations to face-to-face follow-ups?
- What approaches could we take to lower the conversion rate?

Driver diagram





Quick wins



Clinician Support

Showcase data roadshow: Three online (Teams) sessions with one mop up session. Focused on educating vetting clinicians about the benefits and methods of directing patients to self-care resources.

Peer-Assisted Vetting: Implement open access peer-assisted learning system where clinicians can offer peer-assisted support with direct access to an MSK clinical lead.

Condition specific Clinical pathway website: to support staff from both a provision and vetting perspective.

Balancing measures & Learning Cycles

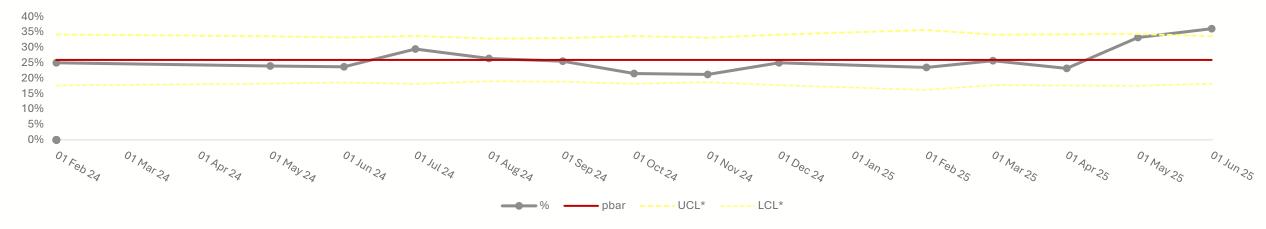


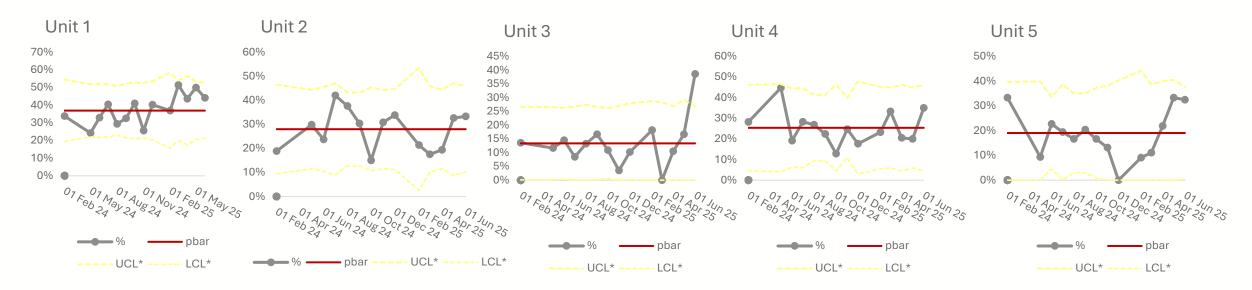
- Referral Follow-Up Rates
- Review of Falls register
- Patient engagement

First phase PDSA findings









Impact & Reflections



Referral Statistics:

Total referrals received: 2,792 (Pathway 1-3)

Referrals directed to self-care: 698 (25%)

Goal:

Redirect additional **1,033** referrals to self-care to achieve **60%** Impact:

Equivalent gain:

0.5 WTE NP

1.5 WTE Return

Closing Thoughts



