

**Case 200501610: Lothian NHS Board**

**Introduction**

1. On 13 September 2005 the Ombudsman received a complaint from a man (referred to in this report as Mr C) that Lothian NHS (referred to in this report as the Board) had changed the appointment system for podiatry appointments and this necessitated his paying postage to arrange his routine appointments.
2. The complaint from Mr C which I investigated was that Lothian NHS failed to provide the necessary administrative support to the podiatry service.
3. Following the investigation of all aspects of this complaint I concluded that, on balance, Lothian NHS had acted appropriately and I did not uphold the complaint. However, I have noted an area of concern and will be drawing this to the attention of the Board (see paragraph 12).

**Investigation and findings of fact**

4. The investigation of this complaint involved reading all the documentation supplied by Mr C and the Board's complaint files. I met with Mr C and representatives from the Board. I have made written enquires of the Board. I set out here my findings of fact and my conclusions for Mr C's complaint. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Mr C and the Board have had the opportunity to comment on a draft of this report.
5. Mr C is a 'self-referral' podiatry patient, that is, he arranges for routine appointments as he needs them. NHS Lothian Primary Care Organisation has some 43,000 podiatry patients and the majority of these are self-referral (the Board were not able to give me exact figures but estimated the number to be in excess of 35,000 patients). Self-referral patients are expected to send in their Clinic Appointment Card (by post or via their Health Centre) requesting an appointment and including a stamped addressed envelope for return of the Card. The number of appointments required each year will vary from patient to patient but the average is 3-4 per year. All urgent referrals or appointments can be made by phone.
6. Mr C complained that this system required the patient to contribute towards

the administration of the appointment system and this was not providing a service that was free at the point of need as he considered the NHS should.

7. In response to Mr C's complaint to the Board, the Chief Operating Officer wrote to Mr C to explain that the decision had been taken to move to this system because of a shortage of administrative staff at the podiatry clinics which had meant the podiatry staff were taking up clinic time with administering appointments. He advised Mr C that the policy was under review and it was hoped that the podiatry service would benefit from computer based information technology (IT) in the future. At that time specific arrangements were made for Mr C to be able to email his appointment requests to the Chief Podiatrist. Mr C told me that he was happy with this arrangement but remained concerned that this relied on his having access to a computer and this would not be true of many of the users of the podiatry service.

8. In response to my enquiries the Board told me there is very limited administrative support available for podiatry clinics and that such support is only provided to the small number of clinics run by students. The Board advised me that they had calculated the cost of a freepost system as being the equivalent to at least one Chief Podiatrist post per annum and did not consider this the best use of the limited resources. The Board also advised me that they had only had two complaints (including that from Mr C) about the new process and that they had had considerable positive feedback from patients who appreciated the ability to request an appointment at a time convenient to them. The Board also told me that overall this change in the appointment system had led to a reduction in the number of cancelled or missed appointments and reduced waiting times.

9. The Board also told me that the podiatry department does not have an IT system at present. It was hoped that in future a centralised booking system will be introduced, but it was not possible to give me a timescale for the implementation of this. The Board also indicated that the same self-referral system is used elsewhere within the NHS in Scotland and in England.

10. In response to a specific question about the wider use of email for making appointments, the Board advised me that they would endeavour to arrange this for all those who requested it but that once again the very limited IT facilities within the department meant that they could not provide any regular email service.

11. *Conclusion:* In reaching my conclusion I have been mindful of the fact that the NHS operates with finite resources and must give consideration to competing needs. I am also aware that it is common for patients to phone to make routine appointments in a number of NHS environments, most notably the GP service. As such, I consider that there is an expectation amongst the public that it is reasonable to absorb a minimum level of cost to cover basic administration for appointments.

12. Lothian NHS has taken reasonable steps in considering a number of alternative appointment processes and the cost implications of these. It is regrettable that the optimum solution, preferred by all parties, requires an IT system which has no immediate prospect of implementation. While I do not uphold this complaint I suggest the Board reviews the current priority for IT support for the podiatry service which would assist in avoiding the difficulties experienced by Mr C.

30 May 2006

**Explanation of abbreviations used**

Mr C	The complainant
Lothian NHS Board	The Board