

IN THIS BULLETIN WE LOOK AT:

- **EMERGENCE OF THE BULLETIN INTO PODIATRY NOW**
- **TAKING A SNEAK PREVIEW OF THE FIRST EVIDENCE FROM NOVEMBER 2001 PASCOM REPORT.**

'Pioneering ops system success' so run the headlines of the West Midlands paper Express and Star, September 8th 2000. This article started with '...a service pioneered in Walsall which gives patients undergoing foot surgery more reliable information about risks involved has been adopted across the country'. The podiatry profession has been looking to establish good data and evidence of best practice.

This article was promoted by the Society's publicity department and is an example of the power of good working relations between the professional body and clinicians wishing to get the message across.

Originally this news bulletin was designed to support podiatric surgeons who had become partners in the new audit project. It has now reached issue 10 having been published irregularly since 1998. The database system – called PASCOM (podiatric audit in podiatric surgery and clinical outcome measurement) – commenced in 1996 in Walsall.

While not all podiatric surgeons are partners it was felt essential to keep Faculty members updated. The newsletter is now being absorbed into Podiatry Now for the benefit of all members, not just surgeons. The bulletin is not intended to

replace scientific articles in audit or clinical evaluation but to take a wide angle on our approach to clinical evidence. The bulletin comes under the remit of the working party for the PASCOM system and it is hoped that we can cite data from time to time as well as comment on different methods that could be applied to analysis of surgical methodology.

Discussion is welcome from all sources to enliven the bulletin. While I certainly do not promise to write regularly or answer all queries, when time allows and suitable material is worth reporting more bulletins will follow.

USE OF DATA FOR PATIENT INFORMATION

In 1999 the Commission for Health Improvement visited our Community Trust in Walsall. PASCOM was positively highlighted in their report and again in 2001 when the CNST (Clinical Negligence Scheme for Trusts) inspector visited. The data used from patient feedback – known as patient satisfaction (patsat) – was used for six of the most common foot operations (see Figure 1).

Operative advice sheets incorporated material that could give an estimate of the level of pain, return to footwear, success of surgery and risk of infection. Information that can be used directly for patients prior to treatment makes consent much easier. Eventually we would hope that a wider database could provide the same information for all surgical centres. With this information the Faculty of Surgery could review its protocols much more objectively from factual information.

GOING ELECTRONIC

The general direction of the NHS record system is to go electronic. This will happen but

the unknown question is when? 2005 has been given as the date when the Government requires systems to be in place but as podiatric surgery lies in the community sector implementation lags behind the acute sector.

PASCOM can be accessed by either electronic or paper system at the point of data input. Analysis though must be done by the database. The **Report Generator** continues to provide quick finger tip level data and this will continue to be expanded as more feedback arises from partners.

PASCOM is well on target for 2005; in fact our target date is 2004 when we hope that most Surgical Fellows will be using the system.

A point will arrive when PASCOM will hopefully be integrated into other electronic systems. A clinical bolt-on system was trialed in 1999 but this was too complex and likely to slow up the whole process. Be reassured the working party is dedicated to ensuring that our aims will be met.

Two enquiries by companies to adopt PASCOM have been rebutted to date purely because the working party feel that the podiatry profession must validate its own system and should not become influenced by the commercial sector during the development stage.

THE SOCIETY OF CHIROPODISTS & PODIATRISTS STRATEGIC PLAN

The SCP published its Strategic Plan in 1999/2000 for 2001-2004. The wisdom in embracing bite size chunks of clinical work emerges from page 6 of the strategic plan. Under point 7, PASCOM is being evaluated against its success in a controlled field and then to be considered in wider application. Certainly the profession needs to support its goal toward National Service Frameworks in the sector of elderly care and diabetes.

Many feel that the large subject area of podiatric biomechanics needs to have more attention. For non-surgical readers the working party realise there are greater difficulties in designing a programme at present, albeit important as a longer term strategy. To attain evidence a project will have to be commissioned.

The problem that will arise with biomechanics is trying to get not just 60 active surgeons to agree but 5000 podiatrists! SCP decided at earlier discussions that a smaller well-defined project needed to be established first. By 2004 the surgical blueprint should assist those 'biomechanists' move forward.

It is regretted that no member other than those registered as surgical partners can access any data. Managers can only have access through the podiatric surgeon. All Trusts however should expect to be kept informed by their specialists.

Two types of data can be provided – report generator field analysis is quick and part of the service for all partners and is paid for by the fee. Access to more than three reports a year will be charged for additionally. The second type of report is a special customised report produced by our researcher at Birmingham for any centre. The work for this will attract an additional cost.

It is hoped to complete a profession report each year which covering all partners contributions. This report will be made available for all partners before being published by SCP.

When registering either as a new partner or as an existing partner new forms and manuals *must* be used from April 1st 2002. A charge is made to provide a modest sum to keep the project alive: £65 for the electronic system and £25 for the paper system has been considered sufficient to attract partners and cover our costs. Two manuals, codebook and three forms will be included.

External support for inputting and analysis will be based on the volume of work. The basic unit is measured per 100 – first 100 at £20, thereafter at £45. Small users inputting less than 50 per year can still use the system and will only pay £20 up until 1st January 2004 when the project will be closed and reviewed. Larger centres without their own inputter will obviously pay more toward administration costs.

SCP will still continue to subsidise the system and the podiatrists working on the panel will continue to work on behalf of colleagues free of charge.

INDUCTION PROGRAMMES

Partners must all have attended an induction programme similar to the last meeting of Faculty at Warwick 2001, or Droitwich 2000, Bournemouth 1999 or Walsall 1998. If a need exists to put on more meetings then the working party is quite prepared to assist groups of podiatric surgeons.

Four members of the working party have been prepared to make themselves available to assist with induction programmes with the paper or the electronic system. These are Jason Hargrave, Trevor Prior, Gavin Rudge and myself. We hope to add to the help network throughout the UK once more names have been added. Assistance will be free unless our panel members have to travel. Again please contact Lisa to set up an induction, which should only take about two hours depending upon your own need.

This is a simple process to ensure that all surgeons are following the correct protocol. Experience has taught us that mistakes can be costly, affecting the data quality. Correcting this is not cost-effective – we must be comparing apples and apples, not apples and pears!

Frequency Distribution of Patient Satisfaction Scores

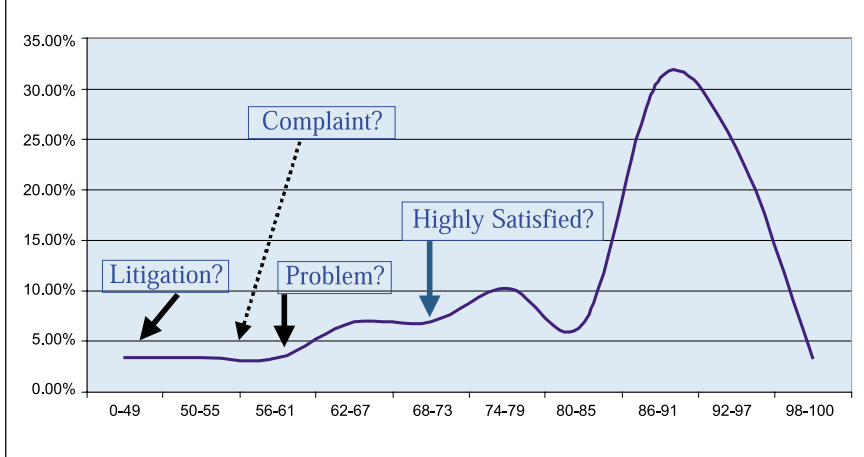


Figure 1. PATSAT or PSQ-10 is the abbreviated notation for the patient satisfaction questionnaire designed for surgical review at 6 months. The figure shown provides a typical frequency curve for metatarsal osteotomy from a single centre source. Some free license has been applied to show how information might be helpful when establishing feedback trends.

IS AUDIT A DEAD TERM?

As time has progressed the PASCOM project has been recognised as being vital for good clinical governance. The need for evidence has been overwhelming, and audit as a clinical term has taken a 'back seat'

For those sceptics who recognise the pace that expansion of health jargonise has crept in, audit is still very much the conceptual process by which we look at our case loads. Countries other than the UK have explored clinical and multidisciplinary pathways.

However, PASCOM has been developed as more than just an audit tool. The basic database can do all the number crunching necessary but in the appropriate hands we can exploit more than just counting surgical episodes.

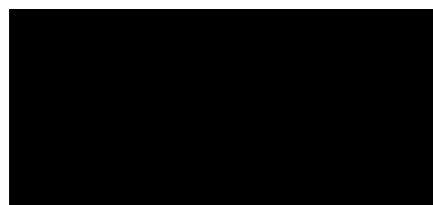
Even by NHS standards we believe that PASCOM is far advanced of most hospital systems. Queries from the basic inquiry method, and cross-linking different data from operation codes to use of drugs can start to build up a very complex relationship. In the long term it is hoped with a sufficient data source we can target different questions. Of course this is not likely to happen overnight!

FIRST REPORT

The Working Party provided the first report in November 2001: 2245 episodes were submitted and 1058 patient surreys studied. Eight centres were included in this multi-centred study. Podiatric surgery is shown in this report to be effective and such sequelae that arise are no less likely than at the hands of a formal medically trained surgeon. Infection rates for 8 centres for instance shows only 1.8% proven incidents and 3.2% suspected. (1993 podiatric benchmarked data - proven infection 2.3% and suspected infection 5.8%. Source Tollafield & Parmar, British Journal of Podiatric Medicine & Surgery).

Ninety percent of patients felt that they were much better or better following surgery, with only 2.6% recording they were worse; 92.9% indicated that they would have surgery performed again under similar circumstances and 87% believed that their original expectations were met.

The working party is indebted to all partners who have contributed to the first major data set. It is hoped by spring 2002 to publish the full report in one of the SCP journals. Further data are already being added to the system and all partners need to keep collecting. New partners should write for registration forms available from Lisa Humby, PASCOM secretary (see right).



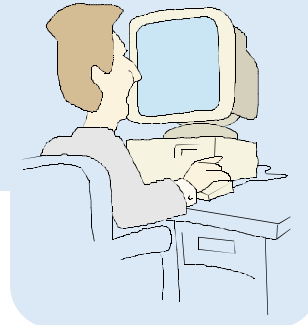
General helpline. David Tollafield

PASCOM

Podiatric Audit in Surgery and Clinical Outcome Measurement

Register for the latest system for podiatric surgical analysis now

Presented at the Society's Conference in Dublin in 1999 and at The Fellows meeting at Warwick University last year, PASCOM is the only national podiatric database system available for the British Podiatric surgeon. The first report on eight centres will shortly be published in *Podiatry Now*.



PASCOM offers

- **Clinical evidence**
- **Establishes effectiveness of surgical care**
- **Identification of problem trends**
- **Only registered partners with current information**

PASCOM is

- **Endorsed by Faculty of Surgery, College of Podiatrists.**
- **Information useful for patient information sheets. Acclaimed by CHI visit in Walsall (2000)**
- **Supported and subsidised by SCP to contribute towards good clinical governance**

Launched in 1996 and contributed to by podiatric surgeons, PASCOM has been refined to achieve a wide range of activities. Experience has shown that it preferable to have an induction in both paper and PC electronic versions to avoid the many pitfalls – this is not just a system to audit your clinical work. This is an exciting new method for establishing effective clinical evidence amongst foot surgeons. Can you afford not to become a partner? PASCOM 2K1 is available in Access 1997 or 2000 versions on CD. If you do not have Access or a computer then you can use the paper system only and data can be collected for you and analysed at a modest charge.

Costs for 2002

£25.00 for paper version only; forms and manual included with codebook (on diskette).

£65.00 for complete version; forms and two manuals and codebook (on diskette).

Data inputting service for paper version: **£45.00** per 100 cases.

When submitting your first set of cases you will pay only **£20.00** initially for your first 100 cases.

Induction Training: Four instructors are available to help you get started

Please note: You must be a Fellow of Faculty of Surgery to become a partner. The project is open to Fellows in both the NHS and private sector. Small caseloads can be added so that there is no restriction now to how much you can add in any one year.



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