

FOI Request

Name of the Trust/ Health Board (with the name of the individual responsible to return this FOI request):

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	
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?

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

	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		

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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	£	£
2012 to 13	£	£
2013 to 14	£	£
2014 to 15	£	£
2015 to 16	£	£

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	£	£
2012 to 13	£	£
2013 to 14	£	£
2014 to 15	£	£
2015 to 16	£	£

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		
2012 - 13		
2013 - 14		
2014 - 15		
2015 - 16		

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	
2012 - 13	
2013 - 14	
2014 - 15	
2015 - 16	

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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	
2012 - 13	
2013 - 14	
2014 - 15	
2015 - 16	

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	
2012 - 13	
2013 - 14	
2014 - 15	
2015 - 16	

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?	
What is your average waiting time from referral to assessment for an urgent adult appointment?	
What is your average waiting time from referral to assessment for a routine paediatric appointment?	
What is your average waiting time from referral to assessment for an urgent paediatric appointment?	
What is your average waiting time from assessment to supply of paediatric AFOs?	

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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

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 type="checkbox"/>	
2D Video vector analysis	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Video analysis	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other gait analysis facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	

15. Are children seen in separate paediatric clinics?

Yes (all children)

Only children with special needs

No

Other

If other, please provide information _____

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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	_____ sessions per week
What is your average number of Limited orthotic practitioners (LOP) sessions per week?	_____ sessions per week
How many full time equivalent Orthotists work in your trust?	
How many Administration staff do you employ to work within the Orthotics Service?	

17. Does the orthotics manager have a clinical background?

Yes

No

If yes, what is their background:

Orthotist

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		
Band 6		
Band 7		
Band 8a		
Band 8b		

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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 type="checkbox"/> No <input type="checkbox"/>		
Orthotic management of spina bifida	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Orthotic management of hereditary sensory motor neuropathy	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Orthotic management of the spine	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Gait analysis	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Orthotic management of Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other please state:			

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) _____

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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

23. Have you employed locum/agency orthotists at any time over the last 5 years?

Yes

No

If yes, please give details of all locum/agency orthotists you have utilised over the last 5 years:

Financial Year	Number of locum/agency orthotists utilised by the Trust	Annual Full cost (including expenses) for locum/agency orthotists utilised.	Average full cost of locum/agency orthotist per session (session is defined as 1 clinic usually 3 hours in length)
2011 - 12			
2012 - 13			
2013 - 14			
2014 - 15			
2015 - 16			

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Complaints

24. How many formal and informal complaints have you received regarding your Orthotic Service in the last 5 years?

Financial Year	Formal complaints	Informal complaints
2011 - 12		
2012 - 13		
2013 - 14		
2014 - 15		
2015 - 16		

25. How many orthotic related incidents have been logged on your Trust/health board incident reporting system over the last 5 years?

Financial Year	Number of incidents logged on your Trust/Health board incident reporting system
2011 - 12	
2012 - 13	
2013 - 14	
2014 - 15	
2015 - 16	

Outcome measures and key performance indicators

26. Does your service monitor patient satisfaction?

Yes

No

If yes please state how this is done _____

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27. Does your service use outcome measures for the orthotic interventions you issue to patients?

Yes

No

If yes please provide further information:

Outcome measure used (please list):

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 type="checkbox"/>	
Manufacturer Lead times	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Failed first fits	Yes <input type="checkbox"/> No <input type="checkbox"/>	
In patient waiting times	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Urgent waiting times	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other please state		

29. Does your service accept direct GP referrals?

Yes

No

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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"/>	

- End of questionnaire -