

## Written evidence submitted by Staffordshire University

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### Introduction to organisations

CBRT consists of researchers who aim to improve health, quality of life and healthcare provision and who have an interdisciplinary background in engineering, physics, allied health, and medicine. Collaborating with the Orthotic Service within the Royal Wolverhampton NHS Trust we have conducted relevant research examining waiting times within NHS Orthotic services both before and during the COVID-19 pandemic.

### Headline summary

Below we detail waiting times for patients attending NHS orthotic services gathered from NHS Trusts and Health Boards in 2017 and from orthotists in 2020. There were considerable waiting times evident across the UK before the COVID-19 pandemic and the pandemic has led to increased waiting times.

### Waiting times for NHS Orthotic services

Orthotic services help people recover from or avoid (further) injury or people living with lifelong conditions by providing them with assistive products (e.g., insoles). NHS reports have identified a lack of parity and equity in orthotic service provision related to waiting times<sup>a</sup> and subsequently highlighted the potential benefits of improving orthotic services<sup>b</sup>. Minimum waiting times are particularly important for children, as long waiting times mean they may have outgrown an assistive product by the time they receive it.

In 2017 we undertook a survey, through a Freedom of Information request, to understand orthotic service provision<sup>c</sup>. Requests were sent to all Trusts in England and Northern Ireland and Health Boards (HBs) in Wales and Scotland; a total of 196 Trusts/HBs, with 119 (61%) responding. Routine and urgent waiting times were monitored by 70% and 30% of respondents, respectively. Consistent with the previous research<sup>b</sup> there were large variations for waiting times (see Table 1 and 2), which combined with the reported long lead times for assistive products resulted in extended time before a patient received treatment. The maximum reported waiting times were 34 and 20 weeks for routine adult and paediatric appointments, respectively, and 8.6 and 8.2 weeks for urgent appointments, respectively. Potential reasons for the long waiting times may have included the Trusts/HBs not including orthotic services in the 18-week referral to treatment pathway target, due to a shortage of orthotists, or a combination of both.

Subsequently, to assess the impact of the COVID-19 pandemic on orthotic services we distributed an online survey to UK orthotists, supported by The British Association of Prosthetists and Orthotists, approximately 6 months after the first peak of COVID-19 (September/October 2020), with responses received from 77 orthotists<sup>d</sup>. Due to COVID restrictions, many orthotic services closed completely or were only open for certain patient groups for a period; 22% of respondents reported that their service had closed completely to all face to face and telehealth appointments, with a further 35% reporting closure of the service to all patients except in-patients and urgent patients. This contributed to increased waiting times for adult routine appointments, with longer median waiting times in those respondents stating their clinical space was insufficient. Consistent with our previous research<sup>c</sup>, there was substantial variation across services, and significant increases from the 2017 figures, with the maximum waiting time reported at 104 weeks for adults and 40 weeks for children (see Table 1). The maximum reported waiting time for urgent adult appointments also increased from the 2017 figures to 14 weeks, while the maximum reported waiting time for urgent paediatric appointments remained similar at 8 weeks (see Table 2). Most respondents (71%) reported that their waiting times had increased compared with pre-COVID restrictions.

<sup>a</sup> Chavda A, Cheema K. (2014) Analysing orthotics: availability of data and information in orthotics services in England. NHS Quality Observatory, Horley.

<sup>b</sup> NHS England (2015) Improving the quality of Orthotics services in England. Available: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/orthcs-final-rep.pdf>

<sup>c</sup> Chockalingam, N. et al. (2019). Survey of Orthotic Service Provision in the UK: Does where you live affect the service you receive? *BMJOpen*, 9(10), e028186. <https://doi.org/10.1136/bmjopen-2018-028186>

<sup>d</sup> Eddison, N. et al. (2021) How has the COVID-19 pandemic impacted orthotic services in the UK? *Prosthetics and Orthotics International*, 45(5): 373-377 <https://doi.org/10.1097/PXR.000000000000031>

Many services introduced the use of telehealth consultations to ensure less urgent patients could still access orthotic care. The maximum reported waiting time for a routine telehealth consultation was 26 weeks for adults and 24 weeks for children. While the maximum reported waiting time for an urgent telehealth consultation was 6 weeks for adults and 3 weeks for children (see Table 1 and 2).

The COVID-19 pandemic resulted in significant changes to the way orthotic services operated with face-to-face appointments largely reserved for urgent patients and inpatients. It also appears to have increased the variance of appointment waiting times for orthotic services across the United Kingdom.

	Routine adult appointment: face to face		Routine paediatric appointment: face to face		Routine adult appointment: telephone/video	Routine paediatric appointment: telephone/video
	Jan 2017	Sept/Oct 2020	Jan 2017	Sept/Oct 2020	Sept/Oct 2020	Sept/Oct 2020
England - East	5.25 (2-6)	11 (3-24)	4.5 (2-7.5)	7 (0-10)	1 (1-1)	1 (1-1)
England - East Midlands	6.45 (4.4-9.5)	9 (0-12)	4 (2-8.5)	8 (0-10)	5 (0-12)	5 (1-8)
England - London	6 (3.5-17.2)	45 (5-104)	4.75 (2.5-8.6)	4 (2-8)	1 (0-8)	1 (0-4)
England - North East	3.75 (0.58-12)	3	5.25 (0.52-5.5)	4	2	
England - North West	4.5 (1.5-34)	4.5 (0-6)	2.5 (1-20)	4 (0-6)	1 (0-2)	1 (0-2)
England - South East	7 (1.5-14)	12 (3-26)	5 (1.5-15.2)	8 (4-16)	1.5 (0-4)	2 (0-4)
England - South West	6 (4-19)	20 (4-25)	5.5 (1.86-19)	8 (4-24)	4 (2-24)	3 (2-24)
England - West Midlands	7 (3-23)	4 (3-12)	5.5 (3-12)	4 (3-12)	4 (3-6)	4 (3-6)
England - Yorkshire and Humber	6 (2-8.5)	7 (2-40)	5 (2-8)	8 (2-40)	2.5 (0-4)	3 (0-4)
Northern Ireland		45		6	3	
Scotland	4 (2.5-8)	4 (4-28)	3 (2-7.5)	4 (2-16)	4 (3-26)	4 (3-16)
Wales	10 (1.8-12)	12	10 (2.1-15.4)	12	2	2

**Table 1:** Routine adult and paediatric waiting times for face-to-face appointments in January 2017 and September/October 2020 and telephone/video appointments in September/October 2020 (median weeks (minimum-maximum)).

	Urgent adult appointment: face to face		Urgent paediatric appointment: face to face		Urgent adult appointment: telephone/video	Urgent paediatric appointment: telephone/video
	Jan 2017	Sept/Oct 2020	Jan 2017	Sept/Oct 2020	Sept/Oct 2020	Sept/Oct 2020
England - East	1.5 (2-3)	1.5 (0-4)	1 (0.5 - 2)	0.5 (0-2)	0.5 (0-1)	0.5 (0-1)
England - East Midlands	0.7 (4.4-3)	3 (0-12)	0.4 (0.4-1)	2 (0-8)	1 (0-6)	1 (0-2)
England - London	1.25 (3.5-3)	1.5 (1-4)	1.75 (0-6)	1 (0-2)	0.5 (0-2)	0 (0-1)
England - North East	1.5 (0.58-3)	1	1.25 (1-2)	2		
England - North West	1 (1.5-3)	1 (0-5)	1 (0-6)	1 (0-2)	0 (0-1)	0 (0-1)
England - South East	0.95 (1.5-3)	2 (1-14)	1 (0.2-4)	2 (1-4)	1 (0-2)	1 (0-2)
England - South West	2 (4-3)	1 (0-6)	1.31 (0.7 - 4)	1 (0-2)	0.5 (0-1)	0.5 (0-1)
England - West Midlands	2 (3-3)	2.5 (0-6)	1.45 (1-7)	3 (0-4)	2 (0-3)	2 (0-3)
England - Yorkshire and Humber	2 (2-3)	1.5 (0-8)	1 (0.4-8)	1 (0-8)	1 (0-2)	1 (0-2)
Northern Ireland		4		2	1	
Scotland	1 (2.5-3)	1 (1-3)	1 (0.5-3)	1 (1-2)	1 (1-1)	1 (1-1)
Wales	3 (1.8-3)	2	3 (1-8.2)	2	1	1

**Table 2:** Urgent adult and paediatric waiting times for face-to-face appointments in January 2017 and September/October 2020 and telephone/video appointments in September/October 2020 (median weeks (minimum-maximum)).

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