



ROYAL COLLEGE
of PODIATRY



PASCOM-10

PASCOM-10

Minimising risk

ANDREW COUTTS

FACULTY OF PODIATRIC SURGERY NATIONAL CONFERENCE

NHS 75

**Derbyshire Community
Health Services**

NHS Foundation Trust

Aims of presentation

Update

Post-Covid recovery

Audit of Pascom

Changes in personnel

In numbers

Carried out by Dr
Helen Branthwaite

Improvements to be
acted upon

Aims of presentation

Future plans

Codes to develop

Recruiting from
different levels and
Deanery's

Conclusion

Where do we go from
here?

Questions

Update

Change in personnel

- ▶ New personnel
- ▶ Lots of queries
- ▶ Understanding the rules

Funding

- ▶ Issues regarding administration
 - ▶ Minuting meetings
 - ▶ Answering emails
- ▶ How much does PASCOC cost to run at present?
 - ▶ What this covers?
 - ▶ How much do we spend?
 - ▶ Maintenance costs of PASCOC website?
 - ▶ Who oversees any budget?

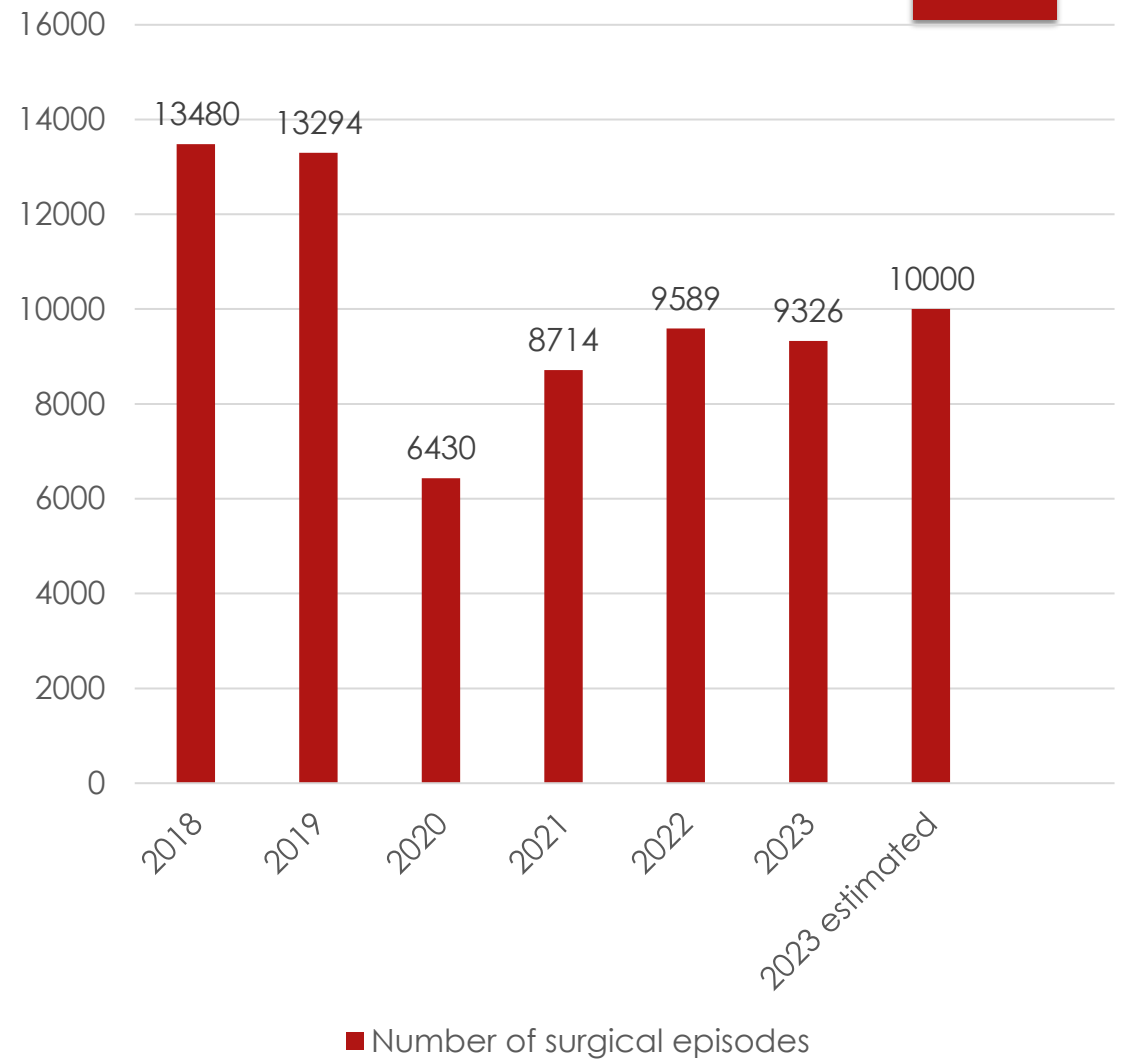
Post-covid recovery

▶ We now have over 181000 episodes of treatment on PASCOM.

▶ Possible reasons for annual activity been reduced

- ▶ Increased focus on high risk
- ▶ More cancellations
- ▶ Reduced theatre time
- ▶ Reduced staff
- ▶ Emergency slots not being filled

Surgical episodes per year



Audit – Hot of the press

▶ Audit study (2023) by Dr Helen Branthwaite RCOP and Staffordshire University

▶ 163,000 episodes of care looked at

- ▶ 10% Private/Independent care
- ▶ 20% Acute care
- ▶ 70% Community care



21.11.2023
NEWS

The RCPod publishes a decade-long analysis of podiatric care data

Jane Pritchard, Chief Executive of the Royal College of Podiatry, said:

“This analysis showcases the vast scope of practice of our podiatrists and podiatric surgeons, highlighting the often-transformative impact of timely podiatric interventions on people’s lives. This is a unique resource that has been collated over many years and we will look at ways of developing the PASCUM-10 system further to continuously improve health outcomes for patients.”

Audit

107,000 included
Personal identification
Wrong DOB

A high percentage of these
do not have post op MOXFQ
reported on

Only 53,000 are discharged
Therefore 54,000 remain
undischarged



Audit

- Women are three times more likely than men to seek podiatric care
- 50–69-year-old people present to podiatrists most frequently
- 70% of surgical and 84% of non-surgical patients are treated in the community from primary care referrals
- ▶ Bunions are the most common condition people present to podiatrists with - particularly in podiatric surgery settings
- 60% of patients were discharged after podiatric surgery with no further care required with the remaining patients either being monitored, referred to other healthcare services or needing additional treatment
- A neuroma presents as the most painful foot condition to have.



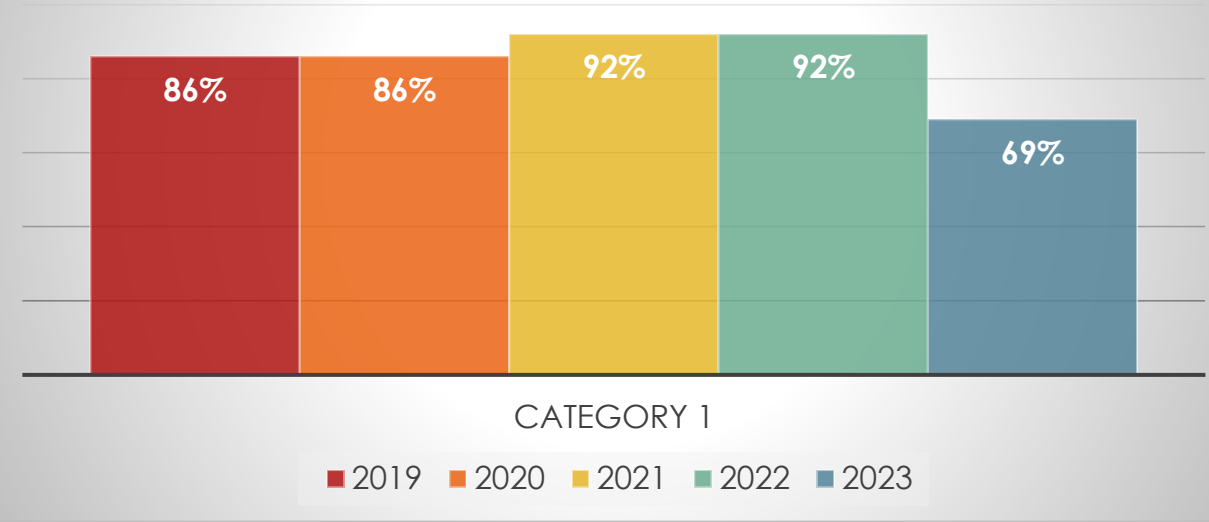
Audit

Maher (2018) reported only 59% of patients have any type of outcomes completed

53% missing pre and post op MOXFQ

44% missing PSQ-10

Number of patients discharged from PASCOM Jan - June



1/1/23 – 30/6/23

69% discharged

Pre and post MOXFQ only available in 61%

REPORTS

PASCOM-10: HOW TO REPORT YOUR PODIATRIC ACTIVITY & OUTCOMES

PASCOM has its origins as a paper-based audit of podiatric surgery dating back to the late 1990s. Since the early 2000s, PASCOM has been under the direction of the College of Podiatry. Following a major investment in the system, an online version was launched in May 2010, and made available to all members. The website is able to capture activity and patient-reported outcome measures (PROMS) for all elements of podiatry

ANTHONY MAHER
PODIATRIC SURGEON, NOTTINGHAMSHIRE HEALTHCARE NHS
FOUNDATION TRUST

WHAT IS PASCOM-10?

PASCOM-10 is a database of foot treatment and outcomes. It can be adapted to suit various purposes but uses include audit and evaluation, a log book for reflective practice, a career-long clinical portfolio and a handy treatment summary generator for GP and patient correspondence.

WHAT DATA DOES PASCOM CAPTURE?

PASCOM-10 has seen 136 centres contribute data for



Audit

- ▶ The downside of PASCOM is that it is only as good as the information we record
- ▶ A recent discussion with a colleague (anonymous) was that they had problems gaining outcomes from surgery
- ▶ 1/1/22 – 3/8/23 demonstrated
 - ▶ 158 pre op MOXFQ's (only)
 - ▶ 54 not 6/12 post op so not missed
 - ▶ 1 post op MOXFQ (only)
 - ▶ 13 pre and post op MOXFQ
 - ▶ Therefore only 11% with both
 - ▶ This could be many other centres

- ▶ This demonstrates
 - ▶ The data will be poor
 - ▶ No generalisation can be gained
 - ▶ New ways of collecting post op data required

- ▶ Action plan
 - ▶ Put someone in charge to review PASCOM every 3/12
 - ▶ Put this into a Job Plan
 - ▶ Review any missing data
 - ▶ Why?
 - ▶ Aim for 95-100% return

Research & Audit:

- Write and implement areas of research and audit
- Contribute to the national PASCOM audit database
- Comply with Trust audits such as infection rates
- Participate fully in the 10 Trust audit afternoons
- Lecture and present talks to various healthcare disciplines and conferences as requested

Future plans

We need to continually develop the system

We need to develop the team

- Minute meetings for Faculty

- Make sure points are actioned

- Make sure review dates aren't missed

We need to continually look at putting some codes into hibernation

We need to look at the College taking on more admin

Continual improvement

- Money

- Time

- Team work

Funding

Meeting with Jane Pritchard and Frederick Moore end of November



Conclusion


- ▶ There is a need to bring in more members, so we have a continual development of the team and ideas
- ▶ Any volunteers please contact myself, come and speak to myself or Simon Fay



Conclusion

- ▶ We will get new codes added
 - ▶ High risk
 - ▶ MIS





“ Post-operative outcome data collection (2010-2016) is a cause for concern – Maher 2018

”

Conclusion

We all need to be making sure we put an action plan in place to make sure we are completing our post-op outcomes and discharging patients.



**WE
NEED
YOU**

Conclusion – take home message

Make sure patients are having their outcomes recorded at 6/12 and being discharged on PASCOM

Aim for 95-100%



► Questions

