



Oifig um Cheannasaí Seirbhíse do Chúram Priomhúil
FSS an Mheán Iarthair
Ascaill Bhaile Choimín,
Páirc Gnó an Ráithín,
Ráithín, Luimneach V94 D1W9
Teil: 061 483226

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16th October 2024

Deputy Willie O’Dea
2 Glenview Gardens
Farranshone
Limerick

Re: PQ 39825/24 - “To ask the Minister for Health the reason the HSE has referred all children requiring orthotics who were attending St. Gabriels’ Limerick to the Mid West Foot Clinic, when the Mid West Foot Clinic has a waiting list of up to a year and they currently have no Podiatrist; and if he will make a statement on the matter.”

Dear Deputy O’Dea,

The Health Service Executive has been requested to reply directly to you in regard to your parliamentary question which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

I can advise that in order to respond to your query above, I forwarded your representation to the HSE Mid West Physiotherapy Managers and the HSE Mid West Podiatry Manager for their input in the response. The response hereunder provides an insight into the services provided by the HSE Mid West Foot Clinic and also the pathway that has been established for accessing the service:

The HSE Mid West Foot Clinic (MWFC) is the established pathway for all footwear and foot orthoses since 2021. The purpose of the MWFC is to provide an integrated pathway for the provision of orthotics and footwear. This service is provided in an equitable, evidence based and timely manner to the population of the Mid West with appropriate clinical and budgetary governance. A consequence of this has been a reduction in Aids and Appliances waiting lists. Prior to this, the longest waiting times were five and six years in Nth. Tipperary and Limerick respectively. It also aims to achieve maximum cost effectiveness while providing best quality care for patients and improved access via a single point of care.

Prior to the establishment of the HSE MWFC pathway, the process in place involved GPs and Health & Social Care Professionals (HSCPs) referring clients to an external third party vendor for orthoses e.g. Regional Orthotic Service (ROS) located in St Gabriel’s school. A quotation and supporting documentation would be submitted to the HSE for approval. Due to funding constraints, the waiting time for funding was in excess of one year, at significant cost. The change in pathway to the MWFC allows for greater compliance with National Financial Regulations (NFRs).

The HSE MWFC is staffed by a Clinical Specialist Physiotherapist and Clinical Specialist Podiatrist. There is also a 0.5 WTE Snr. Podiatrist role which is currently vacant. The Clinical Specialists use Advanced Clinical Prioritisation to triage all incoming referrals based on the information received. Referrals are accepted from all areas of Primary and Secondary Care i.e. GPs, Orthopaedics, Rheumatology, Vascular, Secondary Care Physiotherapists and Podiatrists, Primary Care Teams,

Chronic Disease Hubs, Children and Adult Disability Services, Oncology and Palliative Care Services. Referrals are prioritised in line with current evidence based practice; the clients who will benefit most from footwear and orthotic therapy in reducing their pain and improving their function are highest priority. These patients are triaged and offered appointments within 1 to 4 weeks of referral. Clinicians and service users can contact the clinic with additional information/concerns and based on this information, their priority status can be adjusted by the Clinical Specialist Therapist.

The benefit of this pathway is that clients who require urgent intervention may be issued an appointment within one to two weeks of referral. Once assessed, many service users can avail of off-the-shelf devices or, where a foot orthoses is not appropriate, an alternative treatment plan is offered or an onward referral made onto the most appropriate service, e.g. Orthopaedics. Referrals that are received that have little clinical indication for orthotic therapy, as per evidence based practice, are placed on a lower priority and wait longer for an appointment.

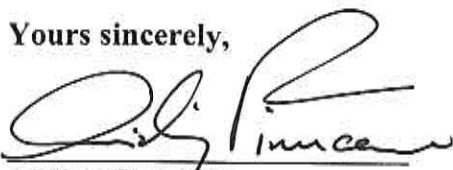
Service users within the Children's Network Disability Teams (CDNT) based in St Gabriel's School, which is a separate entity to ROS, can also access the services of the HSE MWFC through the established referral pathway outlined above. Their care provider (e.g. Physiotherapist) can refer the client to the MWFC for a biomechanical assessment to prescribe orthoses if appropriate. The referral is triaged and they are either placed on the waiting list as per the clinical prioritisation or, they may be referred to an external provider. This can occur in cases where they may require an Orthotist for additional aids/ splints such as a knee-ankle-foot orthoses or a complex foot orthoses. The Regional Orthotic Service (ROS) is one of many external third party vendors that the MWFC refer on to depending on the needs of the client. These vendors do not have a Service Level Agreement with the HSE.

The HSE MWFC provided the following details regarding the Prioritisation criteria:

- P1.1 – Active ulcerations that need offloading, foot drop resulting in falls risk
- P1.2 – Healed ulcers in remission, unilateral pain in paediatrics, tarsal coalition, inflammatory arthropathies (arthritis) with foot pain and functional limitation.
- P1.3 – painful forefoot pathologies, posterior tibialis tendon dysfunction/ adult acquired flat foot deformity, Paediatric Flexible pes planus affecting participation requiring UCBL (customised orthoses)
- P1.4 – Normal variants (pes planovalgus, intoeing, genu valgum), replacement orthotics, Chronic MSK conditions.

I trust the information above addresses the issues raised in our representation.

Yours sincerely,



Aisling Finucane
General Manager
Primary Care