

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Gynllun Llywodraeth Cymru i drawsnewid a moderneiddio gofal a gynlluniwyd a lleihau rhestrau aros](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on the [Welsh Government's plan for transforming and modernising planned care and reducing waiting lists](#)

PCWL 06

Ymateb gan: | Response from: Coleg Brenhinol Podiatreg | Royal College of Podiatry



The Royal College of Podiatry's written evidence to the Health and Social Care Committee on Welsh Government's plan for transforming and modernising planned care and reducing waiting lists

The Royal College of Podiatry is the professional organisation and trade union for podiatrists in the UK. The College represents qualified, regulated podiatrists across the UK and supports them to deliver high-quality foot and lower limb care and to continue to develop their skills.

Podiatrists are highly skilled healthcare professionals trained to diagnose, treat, rehabilitate, and prevent complications of the foot and lower limb. They enable people to manage foot and ankle pain, skin conditions of the legs and feet, treat foot and leg infections and assess and manage lower limb neurological and circulatory disorders. Podiatrists are unique in working across conditions rather than a disease specific area.

A podiatrist's training and expertise extends across population groups to those who have multiple chronic long term conditions, which place a high burden upon NHS resources (diabetes, arthritis, obesity, and peripheral arterial disease). In addition to delivering wider public health messages in order to minimise isolation, promote physical activity, support weight loss strategies and healthy lifestyle choices, podiatrists keep people mobile, in work and active throughout their life course.

1. Introduction

1.1 We welcome the Committee's inquiry into the Welsh Government's plan for transforming and modernising planned care and reducing waiting lists. Given the urgency of

the situation it is vital that there is scrutiny of this plan to ensure it can deliver better experiences for patients, saving limbs and lives.

1.2 There is much to welcome in the Welsh Government's commitments in the plan – for example, to ensure that more care and support is available from a wider range of local health care professionals to help people stay well and stay at home. However, there is a lack of detail about how this will be delivered and where accountability will lie. While the plan anticipates a significant uncovering of late presentations as we emerge from the pandemic, there is insufficient explanation as to how the NHS will meet these needs, which are likely to be more complex and require higher levels of intervention and therapeutic time.

1.3 The coronavirus pandemic and the impact of COVID-19 means that a significant number of people require access to specialist rehabilitation services, including podiatry. Podiatrists work across a variety of specialisms including diabetic foot ulceration, vascular disease, musculoskeletal management, diabetes care, falls prevention and dermatology. Following the COVID-19 outbreak, podiatrists working across all these settings in Wales will be integral to the four groups of people requiring rehabilitation support as set out by the four nations paper on rehabilitation post COVID-19.¹

1.4 Our comments highlight the unique position of podiatry to alleviate the care burden on NHS services in Wales through a combination of prevention, early intervention and salvage procedures. If the NHS is to reduce the care backlog and prevent avoidable loss of limbs and lives, then podiatry must be at the heart of its efforts to do so. Podiatry also has a huge amount to offer within public health, including easing pain, increasing mobility, and improving physical and mental health. The Royal College of Podiatry is working to ensure that the critical role which the podiatry profession has to play in this agenda is understood and implemented at all levels.

2. Overall views

2.1 The Royal College of Podiatry believe that there is a lack of detail in the plan as to how a more resilient and sustainable health and social care system will be built for the long term. In particular, there is a lack of detail about how services will be shifted, so that greater weight can be given to working to prevent complications within community health services. As highlighted in the Auditor General's recent report, "using existing resources to best effect should be a key priority. This will mean doing things differently by improving existing processes and systems. It will also mean doing things different and rethinking how, where and from whom patients get the advice and treatment they need".² We believe that podiatrists have a key role in achieving this.

2.2 As the experts in lower limb health and disease, podiatrists have the requisite knowledge, skills and training to work as First Contact Practitioners (FCPs) in primary care. Podiatrists in FCP roles have the potential to improve patient outcomes, reduce activity limitation, prevent further declines in sedentary related health conditions, reduce hospital admissions and positively contribute to the national health economy.

2.3 Podiatrists are trained to work autonomously and as part of multidisciplinary teams to safely diagnose, risk assess and triage, and provide advice and initiate treatment for

complications of the foot and lower limb. Podiatrists working as FCPs have the skills and competence to:

- Request and use diagnostic imaging or other tests such as blood screening or urine analysis
- Refer to or liaise with other health professionals across care settings, ensuring the patient is seen by the right person, at the right time, in the right place
- Supply or administer a range of medicinal products, and independently prescribe medicines.

2.4 Podiatrists also have a significant role in the public health and prevention agenda specifically around falls prevention, dermatology (malignant melanoma detection), diabetes prevention, arrhythmia detection, cardiovascular risk reduction, medicines management, antibiotic stewardship and keeping people mobile and active.

2.5 Podiatrists fulfilling FCP roles will not only enhance the foot and lower limb health of patients but will also improve their overall health and wellbeing. People should be able to access podiatric diagnostics and first line treatment in primary care, so they are able to remain active, socially connected and in work. It is only by having podiatrists placed within primary care settings as FCPs that these multiple needs will be met.

3. Meeting people's needs

3.1 The Royal College of Podiatry believes there is insufficient detail in the plan to demonstrate how people's needs will be met. As an example, podiatrists play a significant role in diabetes foot care. 80% of toe, foot and leg amputations are preventable with the right preventative care, at the right time. There is significant concern that the drop in routine appointments over the past two years will lead to a record level of foot ulceration and lower limb amputations out of the pandemic.³ Given that routine diabetic foot screening halved in 2021 and that 4.9 million people in the UK have diabetes, tens of thousands of people inevitably will be suffering from delayed diagnoses for diabetic foot conditions with many suffering potentially deadly consequences.⁴ Estimates show that by 2025, 1.2 million people with diabetes in the UK will - if they are to remain ulcer and amputation free⁵ - require regular podiatry appointments. Despite the potential scale of this problem, there is no reference to diabetes or to foot screening within the plan.

4. Leadership

4.1 We note that the only reference to leadership in the plan is to the establishment of the Diagnostics Board. We strongly agree with the Auditor General that "the national plan which has been produced will need to be accompanied by clinical and managerial leadership across the whole system that is aligned to a common purpose".⁶ Much of the implementation of the plan will rely on the actions of individual Health Boards, and leadership within these bodies. Yet there is little within the plan to identify or support leadership of delivery, or to identify accountability for delivery.

5. Workforce

5.1 The Auditor General has highlighted that the national plan lacks detail on how the Welsh Government will support health boards to ensure they have sufficient workforce capacity to deliver its ambitions.⁷ It is shocking that of the £200m funding from Welsh Government in 2021-22 to tackle waiting lists in planned care only £146m could be allocated to health boards – with the Welsh NHS Confederation identifying the workforce as “the number one limiting factor for NHS capacity”.⁸

5.2 The Royal College of Podiatry is extremely concerned that not enough podiatrists are being trained in Wales to meet the future podiatric needs of the Welsh population. Within podiatry there is an ageing workforce. Over 55% of the podiatry workforce in Wales are aged 50+. This workforce is a lot older than for other Allied Health Professions. It is imperative for the sustainability of the profession that we have adequate numbers of podiatrists being trained to replace those who are retiring. In addition, the number of people living in Wales with long term conditions which can affect the feet and lower limbs, such as rheumatoid arthritis, vascular disease and diabetes is rising. It is vital that the podiatry workforce is of sufficient size to meet the podiatric needs of the population both now and in the future as demand for podiatric intervention increases.

5.3 We are therefore surprised that the plan makes no reference to the NHS Wales Bursary Scheme or the opportunity to explore alternative routes to qualification, such as the podiatry apprenticeship route which is already available in England.

6. Digital tools and data

6.1 Welsh Government’s plan acknowledges that during the pandemic Allied Health Professionals have adopted new digital ways of working to deliver the highest quality of care and improve health outcomes. There is no further reference to how these AHPs might be supported to continue to use these digital tools or how further innovation could occur. Given the importance of digital tools and data we believe that this is an oversight which fails to reflect the needs of those working in the NHS and could result in local variations in service delivery that does not provide equitable access for patients.

For further information, please contact:

Tess Saunders, Policy and Public Affairs Officer (Wales)

Royal College of Podiatry

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References

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² Audit Wales, 2022, Tackling the Planned Care Backlog in Wales. Available at: <https://www.audit.wales/publication/tackling-planned-care-backlog-wales> [Accessed 31/05/2022].

³ Kennedy, K. and Donnelly, L., 2022. Drop in health checks during Covid puts diabetics 'at greater risk of amputation'. [online] The Telegraph. Available at: <https://www.telegraph.co.uk/news/2022/02/09/drop-health-checks-covidputs-diabetics-greater-risk-amputation/> [Accessed 15 March 2022].

⁴ Donnelly, L & Taylor, R (2021) 'Quarter of diabetes cases missed over lockdown as obesity soars' [online] The Telegraph. Available at Quarter of diabetes cases missed over lockdown as obesity soars (telegraph.co.uk) [Accessed 15 March 2022].

⁵ Royal College of Podiatry, 2021. Saks Report. London: Royal College of Podiatry, p.11. Available at: [Accessed 15 March 2022].

⁶ Audit Wales, 2022, Tackling the Planned Care Backlog in Wales. Available at: <https://www.audit.wales/publication/tackling-planned-care-backlog-wales> [Accessed 31/05/2022].

⁷ Audit Wales, 2022, Tackling the Planned Care Backlog in Wales. Available at: <https://www.audit.wales/publication/tackling-planned-care-backlog-wales> [Accessed 31/05/2022].

⁸ <https://www.bbc.co.uk/news/uk-wales-61634380>. Accessed on 31.05.22.