Cyflwynwyd yr ymateb i ymgynghoriad y Pwyllgor Iechyd a Gofal Cymdeithasol ar Cefnogi pobl sydd â chyflyrau cronig

This response was submitted to the Health and Social Care Committee consultation on supporting people with chronic conditions.

CC21: Ymateb gan: | Response from: Royal College of Podiatry

The Royal College of Podiatry's written evidence to the Health and Social Care Committee on supporting people with chronic conditions

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. 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.

Longer life expectancy and increasing numbers of people living with long term conditions is resulting in increasing podiatric population need. Investment in podiatry could prevent a number of adverse and costly health outcomes, including falls and lower limb amputations and enable podiatry to play its full part in helping people living with chronic conditions to stay healthy, mobile and active, thereby achieving the strategic vision set out in A Healthier Wales.

1. Introduction

1.1 We welcome the Committee's inquiry on support for people with chronic conditions. Our response highlights the contribution podiatrists in Wales make to supporting people living with a range of chronic conditions. It also highlights the changes that have been made in podiatry to support patients to participate more in managing their own condition(s), moving away from a paternalistic model of care to one of partnership and co-production.

1.2 Podiatrists in Wales are in a unique position to support those living with chronic conditions, keeping them mobile and active and preventing unnecessary loss of limb and life. Podiatry has a huge amount to offer, including easing pain, increasing mobility, and improving physical and mental health.

1.3 While the focus of this inquiry is on NHS services, we would also like to highlight the contribution of podiatrists working in the independent sector, many of whom will also be supporting people with long term conditions to stay mobile and healthy. We would be happy to provide further information to the Committee on this, if of interest.

2. The role of podiatry services in supporting people with chronic conditions

2.1. Diabetes

2.1.1 Committee members will already be familiar with the statistics on diabetes:

- More than 209,000 people in Wales are now living with diabetes. This is 8% of the population aged 17 and over
- Wales has the highest prevalence of diabetes in the UK.[1]
- The numbers are rising every year; 11.5% of the population of Wales is expected to be living with diabetes by 2030.[2]

2.1.2 Diabetes has a huge impact on many people's lives including complications with their feet and legs. Diabetes can lead to nerve damage, and reduced blood supply to the feet, which means that when skin is damaged it may not heal so easily, and an ulcer may develop. The development of foot ulcers in people with diabetes is serious as they are linked to an increased risk of stroke, heart attacks and foot amputation. In 2021 over 600 people with diabetes had a leg, foot or toe amputation in Wales.[3] Yet with earlier diagnosis, and the right care up to 80% of amputations are preventable.[4]

2.1.3 Foot complications account for more hospital admissions than any other complication of diabetes[5] and are associated with longer hospital stays. Moreover, the mortality rate for diabetic foot ulcers is third only to pancreatic and lung cancers at five years.[6] Up to seventy per cent die within 5 years of having an amputation and around fifty per cent die within 5 years of developing a diabetic foot ulcer.[7]

2.1.4 The broader cost of diabetic foot ulcers is costing the NHS more than £1 billion a year; this is the equivalent of just under 1% of the entire NHS annual budget.[8] Prioritising effective and early intervention for diabetic foot complications prior to ulceration, could save thousands of lives and millions of pounds each year. Ensuring there are enough podiatrists trained and employed in Wales is critical to meeting this need.

2.2. Musculoskeletal conditions

2.2.1 Podiatrists detect, diagnose and offer early and ongoing treatment for a wide range of musculoskeletal disorders affecting the foot, ankle and lower limb. This includes conditions such as rheumatoid arthritis, juvenile arthritis, osteoarthritis, gout, and osteoporosis.

2.2.2 With the range of knowledge and understanding of the lower limbs, podiatrists are also able to identify when pain may be caused by other factors, such as vascular or infection. With access to POMs and ability to perform injections, podiatrists are able to provide immediate pain relief and acute infection treatments as appropriate. In addition, with the ability to diagnose a variety of lower limb conditions, podiatrists can help to reduce the diagnostic burden on GPs and ensure an appropriate and prompt referral for patients to suitable services as required, if the conditions are beyond the scope of practice of community podiatrists.

2.2.3 In many areas of Wales, podiatrists are members of Clinical Musculoskeletal Assessment and Treatment Services (CMATS). CMATS provide a one-stop clinic for the assessment and treatment of a wide variety of musculoskeletal conditions. The team includes other healthcare professionals such as GPs with a special interest, rheumatologists, physiotherapists, occupational therapists and nurses. It is provided as part of an overall musculoskeletal pathway and ensures patients are treated by the right clinical at the right time, avoiding multiple appointments and freeing up capacity for orthopaedic departments.

2.2.4 We note that a new framework and Quality Statement for Musculoskeletal conditions are expected to be developed. It is critical that this takes a multidisciplinary approach, involving all professions, including podiatry.

2.3 Falls prevention

2.3.1 Falls place a significant burden upon health and health services in Wales and across the UK, costing the NHS an estimated £2.3bn every year.[9] Older people are at increased risk of falls, particularly if they have a chronic condition. Evidence shows that there is a relationship between foot and ankle problems and risk of falling, which podiatrists are ideally placed to treat.[10,11,12] Podiatrists assess and reduce disabling foot pain, helping to increase mobility and range of motion of the foot. Podiatric interventions also improve balance and independent living in older adults.[13,14,15] Exercise programmes can improve strength and flexibility[16] and appropriate footwear fitted with orthoses can provide external support and improve proprioception and function.[17] Foot pathology and inappropriate footwear have been shown to increase an individual's risk of falling. A scheme to exchange ill-fitting slippers helped to reduce falls among older people by 60%.[18]

2.3.2 It is essential that people identified as being at high risk for falling, or with a history of falls, undergo an assessment of their foot and lower limb, footwear and gait to ensure that appropriate measures are taken to address these factors. All people deemed at risk of falling should be provided with education and signposted to podiatry services within their community. Podiatrists provide cost-effective treatment pathways for people who are at risk of falls or who have fallen.

3. Podiatry in primary and community care

3.1 Podiatrists keep people active, mobile, living independently and in work, and are ideally placed to work in primary and community care by developing and embedding services that extend the ability of GPs and primary care teams to provide a focus on prevention and early intervention.

3.2 Podiatrists within Community Health Services work at the front line in sports medicine, paediatric care, diabetes, rheumatology, musculoskeletal conditions, peripheral arterial disease, falls prevention, bone and tendon surgery and essential day to day maintenance of health, enabling mobility. The ability of podiatrists to make early interventions within community services reduces emergency department attendances, hospital admissions and secondary care referrals by facilitating early detection and intervention of potentially limb and life-threatening conditions.

3.3 There are established models of direct access podiatry in Wales, such as the award-winning service in Swansea Bay UHB.[19] Expanding direct access into Podiatry in Wales, rather than via a GP referral, would significantly help patients get the expert advice they need faster and when the condition is at a potentially acute stage and thus easier to manage, thereby ensuring rapid access and saving GPs time. Similarly, direct referral, and direct admission via virtual consultation, from Podiatry into secondary care services, such as Vascular, Rheumatology and Dermatology, would reduce pressure on Primary Care and ensure rapid access and treatment.

3.4 The Royal College of Podiatry also sees potential for podiatrists working as First Contact Practitioners in primary care.[20] As experts in lower limb health and disease, they have the requisite skills, knowledge and training to work in such roles, ensuring people get access to the right advice at the right time. There is also evidence that they could significantly ease the burden on GPs: recent evidence demonstrated that referral to podiatry is the third most common referral made by GPs. [21]

3.5 As part of the ongoing inquiry, the Committee may wish to consider the expansion of allied health professional roles, such as podiatrists, in primary care, and the potential this has to transform the lives of people living with chronic conditions.

4. Supporting self-management

4.1 Chronic disease management is costly in terms of NHS resources but also has significant impact on patients' morbidity and mortality, and their quality of life. As set out above, Podiatry services have a key role in supporting patients with lower limb disease through chronic conditions. However the ageing population and increasing number of people living with chronic conditions mean that historic models of care are not sustainable.

4.2 The Diabetic Foot Network alongside NHS podiatry services in Wales have developed a service model that not only focuses on clinical interventions but also on supporting patients to be their own advocates in managing their health (also known as patient activation). To support this focus on patient activation, new pathways and taxonomies have been developed capturing patient's activation to supported self-care. Evidence shows that those patients that are activated have better outcomes and use less resources as well as supporting shared decision making through co-production.[22] This has been demonstrated in National Diabetic Foot audit data, which identifies those that self-refer have less severe ulcers and better outcomes.

4.3 Introducing this approach has also required ensuring pathways that allow access to clinical support at times of crisis - but unless the patients are activated they wouldn't access them. The introduction of new 'Seen on Symptoms'(SOS) and 'Patient initiated Follow up' (PIFU) pathways is central to supporting patients access at times of need and therefore more prudent use of resources. Key to this model is the need to ensure patients are activated to use these effectively.

4.4 To support the introduction of Patient Activation into the new pathways, a bid was made to the All Wales Diabetes Implementation Group to purchase a validated tool (PAMs licence – Patient Activation Measure) that captures what level of activation patients are at in their health journey. It has been reported that 25-40% of the general population are in the low activation levels. Currently Podiatry have registered in excess of 2,800 patients, of whom those in the lower activation levels account for 43.5%. This measure allows Podiatry to offer coaching to improve their activation to support their management and self-care. Just over 2000 of these were for patients with diabetes of whom 45% were in the lower activation levels (see Figure 1). These services were also able to break this down into subgroups to identify groups requiring further activation support. This approach has enabled capacity planning; those that can support self-care can be safely put onto a PIFU

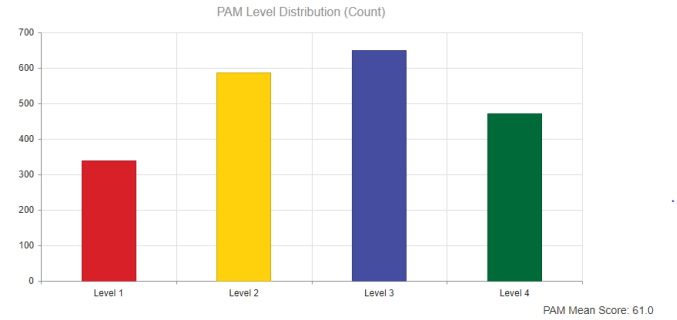
pathway, where previously they would have remained within the services, which would have been more resource intensive.

4.5 The PAMs licence can also be used as a Patient Reported Outcome Measure (PROM) upon reapplication. Early signs have shown improvement in low activation scores (Figure 2).

4.6 Patient Activation is now seen as part of main consultations with patients in podiatry and is as important as the clinical tests in determining the outcome of patients engagement to support their management and self-care.

Figure 1

PAM Level Distribution (Graph)



PAM Mean Score: 61.0

PAM Level Distribution (Tabular)

	PAM Level	# of Surveys	% of Surveys
	Level 1	340	16.6%
	Level 2	586	28.6%
	Level 3	651	31.8%
	Level 4	472	23.0%
		2,049	**100%**

Figure 2

Change within Levels (Tabular)

Initial PAM

Initial PAM Level of the group	Level 1	Level 2	Level 3	Level 4
Survey Counts	30	43	38	29
Mean PAM score	43.73	51.17	62.9	83.27

All PAMs

Initial PAM Level of the group	Originally Level 1	Originally Level 2	Originally Level 3	Originally Level 4
Survey Counts	30	43	38	29
Mean PAM score	49.35	61.7	63.58	80.56
Mean Point Change from 1st	5.62	10.53	0.69	-2.71
% Declined	30 %	25.58 %	55.26 %	34.48 %
% Unchanged	0 %	9.3 %	13.16 %	24.14 %
% Improved	70 %	65.12 %	31.58 %	41.38 %

4.7 We believe that there may be transferrable learning from this approach, that is particularly relevant to supporting people living with other chronic conditions. We would be happy to provide further details if helpful.

5. The extent to which services will have the capacity to meet further demand

5.1 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. Services are already struggling to recruit sufficient staff, and we know that podiatric population need will grow as the number of people living in Wales with chronic conditions which affect the feet and lower limbs is rising.

5.2 Welsh Government have been clear that 'we want more people to have more opportunity for direct access to a wider range of allied health professionals in the community without the need to be referred by another health professional'. [23] In a recent statement, the Minister for Health and Social Services reiterated that 'it's vital that a higher proportion of the AHP workforce works in integrated teams and hubs in primary and community services.'[24] None of this will be possible without sufficient podiatrists, and other AHPs, being trained. We are concerned that future service needs have not been reflected in commissioning numbers to date and that there is no workforce plan for AHPs. This will limit the benefits that new podiatric service models could offer and does not appear to match Welsh Government's ambitions for the NHS in Wales.

5.3 Currently feedback that we receive from our members has highlighted significant issues of stress and burnout among the workforce, that have only been excacerbated by the pandemic, ultimately causing some to leave the NHS.

5.4 Added to this, within podiatry there is an ageing workforce: over 55% of the podiatry workforce in Wales are aged 50+, significantly older than 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. This requires urgent attention, yet currently there is no workforce plan for Allied Health Professions, as there is for other sections of the workforce.

5.5 Welsh Government's recent Workforce Implementation Plan[25] has recognised that training places for some professions have not been increased at the same rate as others, and that this needs to be considered moving into the future. This includes podiatry, which has only experienced minimal increases in places over recent years, in contrast to some other professions (eg nursing training places have increased by 54.3%. physiotherapist places by 34.3% and occupational therapist places by 62.8% since 2017).[26] We are seriously concerned that the contribution of podiatry to population wellbeing, and the necessity of podiatric access for people living with chronic conditions has been overlooked when determining the numbers of training places commissioned. If there continues to be only small incremental increases in the number of podiatry commissioned numbers, there will be a failure to meet the future podiatric need of the population in Wales**.** This may be a matter that the Committee would like to consider in the next phase of the inquiry.

5.4 In addition, the Royal College of Podiatry are concerned that changes to the NHS Bursary could further destabilise recruitment to the profession, excacerbating the workforce shortage that already exists. We would point to the evidence from England when the bursary for pre-registration university healthcare courses was removed in 2017. The impact upon professional groups varied, but was clearly damaging for podiatry, resulting in 19% fewer podiatry course entrants (which disproportionately affected mature students, for whom there was a 31% drop).[27] Such a drop in numbers could have the potential to affect the financial viability of the podiatry undergraduate course at Cardiff Metropolitan University, leaving no Welsh learning providers.

5.5 Any change to the NHS Wales Bursary scheme must mitigate the risk of deterring students for whom without which healthcare courses would be unaffordable – for example applicants from lower socio-economic groups, mature students or students with families. As highlighted above, evidence from the changes made in England would suggest that removing the bursary had particular impact upon the numbers of mature students applying for podiatry. Loss of these applicants would be a significant loss of talent and diversity within the NHS workforce.

5.6 It is vital that there is thorough scrutiny of new proposals for the Bursary to prevent negative impact on the workforce, and, inevitably on the support available for people living with chronic conditions. We would ask the Committee to consider how they might play a role in this.

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