Royal College of Podiatry submission to NHS Change

Introduction

The Royal College of Podiatry (RCPod) welcome the opportunity to respond to NHS England's initiative to develop a comprehensive 10-Year Health Plan, aiming to address key healthcare challenges. As the professional body and trade union representing podiatrists in the UK, the RCPod advocates for the integration of foot and lower limb health as a vital component of general health and well-being, recognising its critical role in preventing disease, reducing admissions, and embracing digital innovations. Recent NHS data highlights that diabetic foot ulcers alone account for an estimated £1 billion in annual costs, underscoring the urgency of integrating podiatry into preventative care strategies[1].
In this response, the RCPod elaborate on strategies that align with key transformation themes: from sickness to prevention, hospital to community, and analogue to digital.

The RCPod 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, prevent, treat, and rehabilitate complications of the foot and lower limb. Podiatrists manage foot and lower limb musculoskeletal pain, skin conditions of the foot and lower limb, prevent and manage diabetic foot complications, and detect, assess, and manage lower limb neurological and circulatory disorders.

Hospital to Community: Delivering care closer to home

The NHS is undergoing significant transformation to improve patient outcomes, enhance efficiency, and reduce pressures on acute services. NHS Podiatry services play a critical role in enabling effective acute to community care. By supporting individuals with complex foot and lower limb conditions, podiatrists help to prevent hospital admissions, facilitate early discharge, and promote long-term health and mobility.

Hospital-based podiatric services, such as multidisciplinary foot services delivering limb salvage, need to remain within an acute setting to provide the wrapped around care required for limb and life threatening foot disease. However, better integration of community health services and primary care can enable the early detection, diagnoses, and prevention required to reduce the number of people suffering from diabetic and non-diabetic foot ulceration. This aligns with NHS England's vision of Integrated Care Systems (ICSs) delivering person-centred care closer to home.

Further to this, expanding podiatric services is essential for achieving person-centred care closer to home. For example, virtual wards, where podiatrists utilise telemedicine to monitor discharged patients, have shown potential in enhancing post-acute recovery whilst reducing readmissions. Establishing similar models across NHS Trusts could optimise resource utilisation and improve patient outcomes[2].

Preventing Admissions

NHS Podiatry services are instrumental in preventing admissions by early detection, diagnosis, prevention and management of foot and lower limb complications that, if left untreated, can lead to severe complications[3]. This is particularly critical for patients with chronic long term conditions such as diabetes, rheumatic disease, neurological disorders, and peripheral arterial disease (PAD), where foot and lower limb complications can rapidly escalate into ulceration, infection, amputation, and sepsis.

Diabetic foot complications are a major cause of hospital admissions. Evidence shows that integrated podiatric care can reduce the risk of admission by providing early detection, preventative interventions, and management of foot ulceration[4]. Podiatrists work in multidisciplinary teams, often alongside endocrinologists, vascular surgeons, plastic surgeons, orthotists, et al, to deliver targeted care plans. These efforts not only reduce the financial burden on acute care services but also improve patient quality of life by minimising the risk of severe complications and admission[5].

Within Community Health Services, podiatrists empower patients through education and preventative strategies. By equipping individuals with the knowledge and tools to manage their foot and lower limb health proactively, podiatry services foster self-care and reduce the likelihood of emergency interventions. For older adults, routine podiatry including assessment, foot care, footwear advice and exercise prescription, mitigates falls, maintaining independence and reducing the risk of injury-related admissions.

Facilitating early discharge

Podiatrists play a pivotal role in enabling timely discharge from hospital settings by ensuring patients receive tailored post-acute care plans. For patients recovering from lower limb surgery, infections, or trauma, podiatrists provide ongoing wound care, biomechanical assessments, and rehabilitation support. These interventions promote faster recovery, minimise the risk of readmission, and support a smoother transition to care provided solely by community health services.

Within wound care, podiatrists use techniques such as debridement, offloading, casting, and pressure relief strategies to support healing, and manage infection. Through prescribing annotation (supplementary and independent prescribing), podiatrists improve patient outcomes by ensuring timely access to the appropriate medication, thereby reducing the

likelihood of inpatient admission, but also reducing pressure on primary care. Through provision of these services within community settings, they ease the strain on inpatient resources.

Collaborative working is key to these efforts. Podiatrists liaise with GPs, district nurses, physiotherapists, occupational therapists, social care teams, et al to ensure patients receive comprehensive, multidisciplinary support. The alignment of podiatry services within primary care and community health services facilitates continuity of care and reduces fragmentation, ensuring patients have the resources they need to recover and thrive within their own homes.

Intermediate care

Intermediate care provides short-term support for people recovering from some form of illness or injury, enabling them to become sufficiently mobile and independent prior to going home. Through an increased provision of intermediate care services, hospitals would be able to free up ward space by safely discharging patients who no longer require acute care yet have a rehabilitation need. Services, such as reablement programmes, reduce hospital length of stay while ensuring continuity of care[6]. This approach alleviates pressure on wards, enhances capacity for acute admissions, and also promotes patient recovery, thus improving patient outcomes[7]. Increased provision of intermediate care aligns with strategies to optimise resource allocation within the NHS, enabling hospitals to prioritise high need cases while fostering independence and preventing readmission for recovering patients[8].

Promoting long term health and mobility

Podiatrists provide ongoing support to patients with long term conditions and complex needs, helping them maintain function and independence. This is particularly relevant for the elderly population, where reduced mobility due to foot pain or dysfunction can lead to social isolation, loss of independence, and increased reliance on care services.

Podiatry interventions, such as orthotic provision, gait analysis, exercise provision, and joint manipulation, address biomechanical issues that contribute to mobility challenges. These services support patients to remain active, which is critical for physical and mental health and well-being. Additionally, podiatrists manage conditions such as bunions, corns, and calluses, which may seem minor but can significantly impact an individual's quality of life and mobility, and if left untreated and can also lead to ulceration.[9]

By keeping patients mobile and independent, NHS Podiatry services alleviate pressure on community care resources, including domiciliary and residential care. By emphasising preventative care and patient education, podiatrists help individuals manage their foot and lower limb health effectively, thereby reducing their risk of admission.

Increased integration of care

To enable the impact of podiatry within community, several steps need to be taken. Expansion of access to NHS Podiatry services within Community Health Services can help reach vulnerable populations earlier, preventing escalation of complications, that can lead to admission. The strengthening of roles for podiatrists within First Point of Contact roles, enables primary care services to ensure patients are seen in a responsive, timely manner, by the correct clinician with full assessment and diagnostics already in place.

There is a critical need to support the recruitment, training, and retention of podiatrists to help meet the growing demand for services as the population ages. Educating the public on the importance of foot and lower limb health and the role of podiatry can encourage self-care, earlier engagement with services, preventing complications and reducing overall healthcare costs.

Podiatry is the cornerstone in delivering essential interventions that prevent admissions, facilitate timely discharge, and promote long-term health. By investing in and integrating podiatry services within the wider healthcare system, the NHS can achieve improved outcomes for patients and alleviate pressure on acute and community care resources.

Sickness to Prevention

The RCPod strongly supports NHS England's commitment to prevention, particularly given the economic and health burden of diabetes, obesity, arthropathies, neurological disorders, and cardiovascular disease that frequently impact foot and lower limb health.

Podiatrists play a pivotal role in the NHS's transition from a sickness-based model to a prevention-focused approach. Through early detection, intervention and prevention of many foot and lower limb complications, podiatrists not only alleviate the burden of acute and chronic conditions but also contribute significantly to broader public health outcomes.

Preventing diabetes related complications

One of the most critical areas where podiatry has a transformative impact is diabetes management. Those with diabetes are 15 times more likely to undergo lower-limb amputations than those without the condition. Such amputations often stem from preventable foot ulcers, which can become infected, and rapidly deteriorate without timely intervention. Podiatrists play an essential role in identifying risk factors, educating patients on self-care, and implementing preventive measures to avoid complications.

By providing assessments, interventions, and education, and working closely within multidisciplinary teams, podiatrists can identify early signs of neuropathy, vascular disease, and infection. The podiatrist is generally the coordinator of care and provides the pivotal

link with community and acute services, ensuring that patients receive fully integrated care. Through early intervention, podiatrists significantly reduce admissions, foot ulceration, infection, risk of amputation, and improve survival rates. Data from the National Diabetes Footcare Audit[2] indicates that podiatric interventions have reduced major amputations by 50% in pilot regions. Expanding community-level diabetic foot screening initiatives, particularly in underserved areas, could amplify this success nationwide. There is a need to ensure that those carrying out diabetic foot screening within primary care undergo regular mandatory training to ensure appropriate education, early detection of risk, and appropriate and timely onward referral.

Early identification of musculoskeletal disorders

Podiatrists are uniquely positioned to identify and address musculoskeletal conditions that, if untreated, can lead to chronic pain, mobility issues, and an increased risk of falls. For example, conditions such as plantar fasciitis, posterior tibial tendon dysfunction, arthritis, and Achilles tendinopathy can escalate without timely treatment, leading to reduced physical activity and secondary health issues such as obesity, cardiovascular disease, and mental health disorders.

Through provision of bespoke orthoses, exercise prescription, muscle conditioning, and footwear advice, podiatrists help people maintain their mobility and independence. This proactive care reduces the risk of future complications that would otherwise require costly interventions, such as surgery or prolonged rehabilitation. Additionally, maintaining mobility through NHS Podiatry services contributes to the prevention of frailty in older adults, a key focus of NHS England's prevention strategies.

Reducing falls and associated injuries

Falls are a leading cause of morbidity and mortality among older adults, and younger adults who have a neurological disorder. This brings with it significant costs to the NHS in terms of emergency admissions and long-term rehabilitative care. Podiatrists play a critical role in falls prevention by addressing foot pain, complications, and inappropriate footwear, which are all major contributors to falls. Polypharmacy has also been identified as a risk factor for a fall. Podiatrists, with their supplementary and independent prescribing annotation, play a vital role within medicines management, including deprescribing.

Podiatric assessment, gait analysis, and interventions such as bespoke orthoses can improve balance and stability, significantly reducing the risk of falls. Podiatrists work closely with other healthcare professionals, such as physiotherapists and occupational therapists, to provide comprehensive fall prevention strategies tailored to individuals' needs[10]. This multidisciplinary approach is essential to achieving the NHS England's goal of reducing falls, their associated healthcare costs, and the impact on people's quality of life

Falls remain a leading cause of injury-related admissions among older adults. Collaboration between podiatrists and falls prevention teams can address gait abnormalities and ensure patients receive tailored orthoses and footwear advice. Embedding podiatry services within care home assessments could significantly reduce emergency admissions.[11]

Promoting public health through education and awareness

NHS Podiatry services extend beyond individual care to public health education, empowering communities to prioritise their foot and lower limb health. Many long term conditions, such as diabetes, cardiovascular disease, and obesity, have direct links to foot complications. By raising awareness about these connections, podiatrists encourage early interventions and lifestyle changes that can prevent the progression of complications from these long term conditions.

One particular education intervention by a podiatry team, aimed at primary school aged children, to improve physical activity participation and enjoyment, which lends itself to maintaining a healthy weight, and to strengthening foot and ankle muscles in children as they are growing. The activities help the children improve their strength, balance, and mental health within the safe spaces of their classroom.

National public health campaigns focused on foot health, appropriate footwear, and the early warning signs of foot complications could be instrumental in shifting the public mindset, nationally, toward prevention. Additionally, podiatrists often engage in workplace health programmes, helping employees recognise and address foot and lower limb issues before they affect productivity and quality of life.

Economic benefits of prevention focused NHS Podiatry services

Investing in podiatry services aligns with the NHS England's commitment to long-term financial sustainability to NHS Trusts. The costs associated with preventable complications, such as diabetic foot ulcers, amputations, and fall-related injuries, are far greater than the investment required for early interventions.

Furthermore, improving foot and lower limb health has a ripple effect on overall well-being, enabling individuals to remain active, employed, and socially engaged. These outcomes reduce reliance on NHS services, social care, and disability benefits, further supporting NHS England's vision of a healthier, more resilient population.

There is a need to prioritise the integration of podiatric care into primary care and community health services as a standard element of preventative healthcare services. Routine foot screenings, with mandated staff training, for high-risk populations, to detect peripheral arterial disease, neuropathy, increased risk of foot ulceration and falls risk, should be standard practice across all primary care facilities.

The development of a robust national foot health strategy that aligns with NHS England's preventative goals, focusing on identifying and addressing early signs of foot and lower limb related complications, associated with chronic long-term conditions, to enable people to live and age well.

Podiatry is an essential component of NHS England's transition from a sickness-based model to one focused on prevention. By addressing foot and lower limb health proactively, podiatrists help prevent serious complications, maintain mobility, and promote overall health and well-being. The integration of podiatry into public health initiatives and multidisciplinary care pathways is crucial to achieving NHS England's goals of reducing healthcare costs and improving population health outcomes.

To fully realise these benefits, the NHS must continue to prioritise funding and support for podiatry services, ensuring equitable access across all communities. By doing so, the NHS can harness the full potential of podiatry to create a healthier, more sustainable future.

Cost effectiveness of podiatric interventions

A cost-effective case for Podiatric Surgery, high-risk podiatric interventions for people with diabetes and peripheral arterial disease (PAD), and podiatric musculoskeletal interventions can be made by examining the evidence of reduced complications, admissions, and long-term healthcare costs associated with these services.[12,13] This has been shown when collaboration of services between vascular and podiatric surgeons enhancing patient care

Podiatric Surgery

Podiatric surgery can be effective in treating structural foot deformities, which, if untreated, can lead to recurrent ulcers, infections, and amputation in high-risk patients, particularly those with diabetes and PAD[14]. Studies show that early surgical intervention in foot deformities can reduce the need for more invasive and expensive surgical interventions[15].

Podiatric surgery, when undertaken to address deformities that contribute to ulceration in people with diabetes and PAD, has been associated with lower rates of ulcer recurrence and thus reduces hospital admissions and inpatient care costs[5, 16].

By preventing complications associated with deformities and joint dysfunction, patients experience improved mobility and quality of life, reducing indirect costs associated with loss of productivity.

High-risk interventions for people with Diabetes and Peripheral Arterial Disease

High-risk podiatric interventions, such as regular debridement, offloading, casting, footwear advice and orthotic prescriptions, have been shown to reduce the risk of ulceration and

subsequent infection, and amputation in people with diabetes and PAD[17]. Preventing an amputation not only spares patients significant disability but also dramatically reduces healthcare costs.

Regular podiatric care for people with diabetes and PAD has been shown to reduce the rate of infections and admissions associated with foot ulceration[18]. Preventative care, i.e. ulceration prevention, is significantly cheaper than emergency care for infected wounds and surgical amputations. The effects on people with foot ulceration is not only physical, but those with a long standing foot ulcer are also at risk of depression, anxiety, and low self-esteem[19].

The cost of preventative care (e.g., screening, early detection, regular assessment, bespoke orthoses, and footwear) is far lower than the compounded costs associated with treating advanced complications, including wound care, antibiotics, and post-amputation rehabilitation.

Musculoskeletal Interventions

Musculoskeletal podiatric interventions, including bespoke orthoses, physical therapy, and joint mobilisation, are beneficial in treating conditions such as plantar fasciitis[20,21] (heel pain), metatarsalgia (forefoot pain), gait anomalies, and foot and lower limb pain. By improving mobility and function, such interventions reduce indirect costs associated with reduced work productivity and disability.

For many musculoskeletal conditions, conservative podiatric interventions reduce the need for surgical procedures, which are often more expensive and have higher associated risks. Evidence shows that physical therapy and bespoke orthoses can be as effective as surgery for many MSK conditions over time, with lower costs[22].

Musculoskeletal interventions by podiatrists, including balance training and strengthening exercises, can help prevent falls in older adults[23]. Falls are a leading cause of injury and admissions amongst the elderly and younger adults with a neurological disorder, and prevention can yield significant cost savings.

Addressing health inequalities and ensuring equitable access

In line with 10 year plan's focus on reducing health inequalities, RCPod is concerned about the disparities in access to foot health services, particularly in economically deprived or rural or coastal areas. Poor foot health outcomes, i.e. ulceration, infection, amputation, and sepsis, are closely linked to socioeconomic factors; inequalities in access to podiatry services can lead to preventable complications and poorer health outcomes.

The RCPod want to see targeted funding for NHS Podiatry services in underserved areas. This will help ensure that populations most at risk of poor foot health outcomes, including the elderly and economically disadvantaged, receive timely and appropriate care. Along with the inclusion of foot health as a key metric in addressing health inequalities within ICSs, ensuring that those with the greatest need receive comprehensive podiatric services as part of an integrated healthcare approach.

Research and innovation in foot and lower limb health

Investment in research is essential to improve understanding of foot health conditions and enhance podiatric treatment options. There is a sparsity of podiatry focused randomised control trials and experimental research to develop detailed understanding of foot and ankle pathologies. Recent James Lind Alliance research priorities set 10 key areas across the breadth of foot health to be explored[24]. It is essential to direct and provide available paths of funding for these priorities to be addressed.

The RCPod specifically call for NIHR podiatry-led research projects to address the priorities set on foot health, particularly in areas where foot health intersects with chronic long term conditions, such as diabetes, vascular disease, rheumatic disease, neurological disorders, and obesity. This research should inform evidence-based guidelines and support innovative treatments. We also want to see partnerships established between the NHS, academic institutions, and the RCPod to facilitate research collaboration, promote innovation, and ensure that findings are integrated into clinical practice.

Workforce shortages, unsafe staffing levels, sustainability and expansion

The podiatry workforce faces recruitment and retention challenges that must be addressed to support the goals of NHS England's 10-year plan. Data indicates a decline in newly qualified podiatrists, which, if unaddressed, could result in limited access to foot health services. RCPod's consultations have underscored the need for strategies to strengthen workforce sustainability. Recent HCPC data shows a reduction of approximately 1,000 podiatrists being lost over a ten-year period[25]. This loss in misaligned with the increase in diabetes and peripheral arterial disease where the impact on foot health and podiatric intervention is critical to maintaining mobility, and wellbeing.

In England there are currently just under 10,000 registered podiatrists, 1 per 5,000 residents in England, and this number is due to decline as a result of the current workforce age profile and expected number of retiring clinicians. In 2016, the removal of NHS bursaries for undergraduate podiatrists, and other Allied Health Professionals (AHPs), Nurses and Midwives, saw the number of undergraduate students decline by 38%. Prior to this, the student bursary sat at £9,000 a year. In 2020, the Government reintroduced student bursaries at £5,000. While this has caused a slight improvement in recruitment to the

profession, it falls far short of ensuring the future of the Podiatry workforce that will be required to deal with the oncoming wave of severe foot disease.

By 2025, it is estimated that 1.2 million people with diabetes in the UK will require regular Podiatry appointments if they are to remain ulcer and amputation free. There are no workforce estimates for the number of podiatrists needed to also attend to lower limb vascular, neurological, musculoskeletal, or rheumatic disease for example, however there is near certainty that based upon current workforce models, Podiatry services will be understaffed and operating at unsafe workforce levels. A worst case scenario will see many people face premature death as a result of unnecessary amputation and avoidable harms.

A national Podiatry workforce strategy would act as a crucial steer for the allocation of long-term workforce structure and funding, training budget, and collaboration with non-NHS sectors, yet also demonstrate how costs are recoverable when a sustainable workforce plan is implemented, and quality of care is not compromised. Introducing "golden handshake" incentives or retention bonuses for podiatrists in underserved areas could well prove productive. Similarly, standardising podiatry apprenticeships across regions and reintroducing full tuition bursaries could attract a diverse cohort of trainees. National workforce planning must reflect the increased demand for foot health services due to an ageing population.[26]

The RCPod want to see the guidance on ICS membership strengthen to mandate inclusion of AHPs on the Boards of ICSs. The absence of national guidance or recommendations regarding which organisations and individuals should be included in Integrated Care Partnerships has resulted in a patchwork of access for AHPs to be involved in Integrated Care decision making. Without meaningful engagement in these discussions, there is a danger that the invaluable contribution that podiatrists, and other AHPs, can make to the delivery of care, will be overlooked. Strengthened national guidance on the makeup of Integrated Care Partnerships, which includes mandatory representation of AHPs, such as podiatrists, should be developed and implemented at the earliest opportunity.

Analogue to digital: **Digital transformation and data driven care**

NHS England's 10-Year Health Plan consultation emphasises the importance of digital innovation. The RCPod supports this approach and believes that NHS Podiatry services can significantly benefit from advancements in digital health, particularly in remote monitoring and telemedicine. During the COVID-19 pandemic, many NHS Podiatry services successfully pivoted to virtual consultations, underscoring the potential of digital solutions in routine care.

NHS England's proposed transition from analogue to digital systems represents a critical evolution in modern healthcare delivery. Digital technologies have the potential to revolutionise NHS services, improving patient care, streamlining service delivery, and enabling data driven decision making. Investment in wearable devices could enable patients to monitor diabetic foot ulcers or other chronic conditions, reducing the need for in-person appointments. Similarly, the use of digital tools such as gait analysis software and 3D imaging can significantly enhance the precision of assessments and treatment plans, and ultimately improve outcomes for patients.

From a service delivery perspective, digital systems can reduce the administrative burden, improve appointment scheduling, and support remote consultations. Given the increasing prevalence of chronic long-term conditions, such as diabetes and PAD, where foot health is a critical component of care, digital systems can also facilitate improved monitoring and early interventions through remote tracking and artificial intelligence tools. However, many NHS Podiatry clinics may lack the necessary digital infrastructure, such as high-speed internet, up to date equipment, or interoperable systems. Addressing these gaps will require significant upfront investment.

With the increasing reliance on digital tools comes the need to safeguard patient data. Ensuring compliance with GDPR and other data protection regulations is paramount. Digital tools can inadvertently exacerbate health inequalities if not implemented thoughtfully, e.g., older adults or individuals without access to digital devices may struggle to engage with online services. Many NHS Trusts digital platforms operate on legacy systems that may not easily integrate with newer digital solutions, leading to potential disruptions in workflows.

To ensure a smooth and effective transition from analogue to digital in NHS Podiatry services, the RCPod propose the following:

- Engage clinicians, patients, and other key stakeholders early in the planning process to ensure the digital tools meet their needs and expectations

- A phased rollout of digital systems can minimise disruption. Pilot programs in selected clinics can help identify issues prior to scaling up. Lessons learned from these pilots should inform broader implementation

- Develop and deliver training programmes tailored to the needs of clinicians and support staff

- Ensure that all NHS Podiatry clinics are equipped with the necessary hardware, software, and connectivity to support digital systems. Funding should also be allocated for the maintenance and upgrading of these systems over time

- Design digital services with inclusivity in mind. Maintain analogue options for patients who are unable to engage with digital tools

- Ensure new digital systems can seamlessly integrate with existing NHS systems to avoid creating silos of information. This will improve communication across primary care, community health services and the acute sector

- Establish clear protocols for data collection, storage, and sharing to safeguard patient privacy. Cyber security measures must be prioritised to protect against breaches

- Implement mechanisms to continuously monitor the impact of digitalisation on NHS Podiatry services. Metrics should include patient outcomes, service efficiency, and user satisfaction.

The transition from analogue to digital systems in NHS podiatry services offers an unprecedented opportunity to improve care delivery and patient outcomes. However, achieving these benefits requires careful planning, adequate investment, and ongoing support for staff and patients. By addressing challenges proactively and prioritising inclusivity and interoperability, the NHS can create a digital future that is efficient, equitable, and patient-focussed.

The RCPod support the development of digital tools to facilitate foot health assessments and monitoring. Clinicians need equipment that is accessible working within community and remote settings, thereby supporting equitable access to care. Funding to enable NHS Podiatry services to invest in technology for telemedicine and remote patient monitoring, could improve patient outcomes and reduce the strain on acute services. Leveraging AI-based diagnostic tools and patient-facing apps can support earlier detection and monitoring of chronic foot conditions such as diabetic and non-diabetic foot ulcers. For example, AI algorithms integrated with wearable devices could alert clinicians to wound deterioration in real-time, enabling timely interventions.[27]

Conclusion

The Royal College of Podiatry supports NHS England's commitment to creating a comprehensive and forward-looking 10-Year Health Plan. Podiatry plays an essential role in delivering integrated, preventative, and digitally enabled care that meets the needs of diverse communities. As the professional body for podiatry, we are ready to work alongside NHS England and other stakeholders to ensure that foot and lower limb health is integrated into this vision for a healthier, more resilient society. By prioritising foot and lower limb

health, NHS England can significantly reduce hospital admissions, improve quality of life, and achieve cost savings through early intervention and long-term care strategies.

Key recommendations from this submission include:

- Strengthening Preventative Care: Expanding podiatry's role in community and primary care settings, focusing on early detection and intervention for diabetes, PAD, musculoskeletal issues, and falls prevention

- Workforce Sustainability: Addressing critical shortages through targeted investment in recruitment, retention, education, and training to build a robust pipeline for the current and future supply of podiatrists

- Digital Transformation: Leveraging digital tools and telemedicine to enhance patient care and optimise service delivery while ensuring inclusivity and addressing potential disparities

- Reducing Health Inequalities: Allocating targeted funding to underserved areas and integrating foot health metrics into NHS England's efforts to address social and economic health disparities

- Research and Innovation: Prioritising podiatry-led research to advance understanding, treatment, and outcomes for conditions intersecting foot health and chronic diseases.

The RCPod strongly urges NHS England to prioritise foot and lower limb health as a cornerstone of its healthcare transformation strategy. By adopting the recommendations outlined, including expanding preventative care, addressing workforce sustainability, embracing digital innovation, and tackling health inequalities, NHS England can significantly improve outcomes for patients with foot and lower limb complications.

The RCPod is committed to collaborating with stakeholders to ensure foot and lower limb health remains integral to creating a healthier, more sustainable future for the population. The RCPod want to see increased investment in podiatric education and training programs, with clear career pathways and development opportunities for podiatrists. Initiatives such as tuition fee support, paid placements, and incentives for work in underserved areas would make podiatry a more attractive career choice, one that provides cost effective interventions. A properly funded reward structure within NHS services for podiatrists, within agenda for change, can play a major role in overcoming recruitment and retention to NHS roles.

The requirement to expand education provision and routes into the profession are understood, the RCPod are supporting the development and roll out of apprenticeship

programmes. There is a need to expand apprenticeship and return-to-practice programmes for podiatrists, thereby ensuring that the workforce is sufficient to meet both current and future demand for foot and lower limb health services, particularly in managing conditions related to an ageing population.

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