

Title: An Evaluation of a Virtual Musculoskeletal Podiatry Service Implemented to Address Prolonged NHS Waiting Times

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Conflicts of Interest

1. Employed by South West Podiatry
2. Study received funding to from Algeos Ltd
3. Study received publication funding from the RCPod

Introduction:

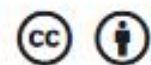
- COVID-19 pandemic created long waiting times
- Introduction of virtual services in March 2020 for private patients
- First NHS patient contract started in July 2021
- **Objective:** To evaluate the effectiveness of the virtual service in reducing wait times and improving patient outcomes

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ORIGINAL RESEARCH

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An evaluation of a virtual musculoskeletal podiatry service implemented to address prolonged National Health Service waiting times

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Methodology

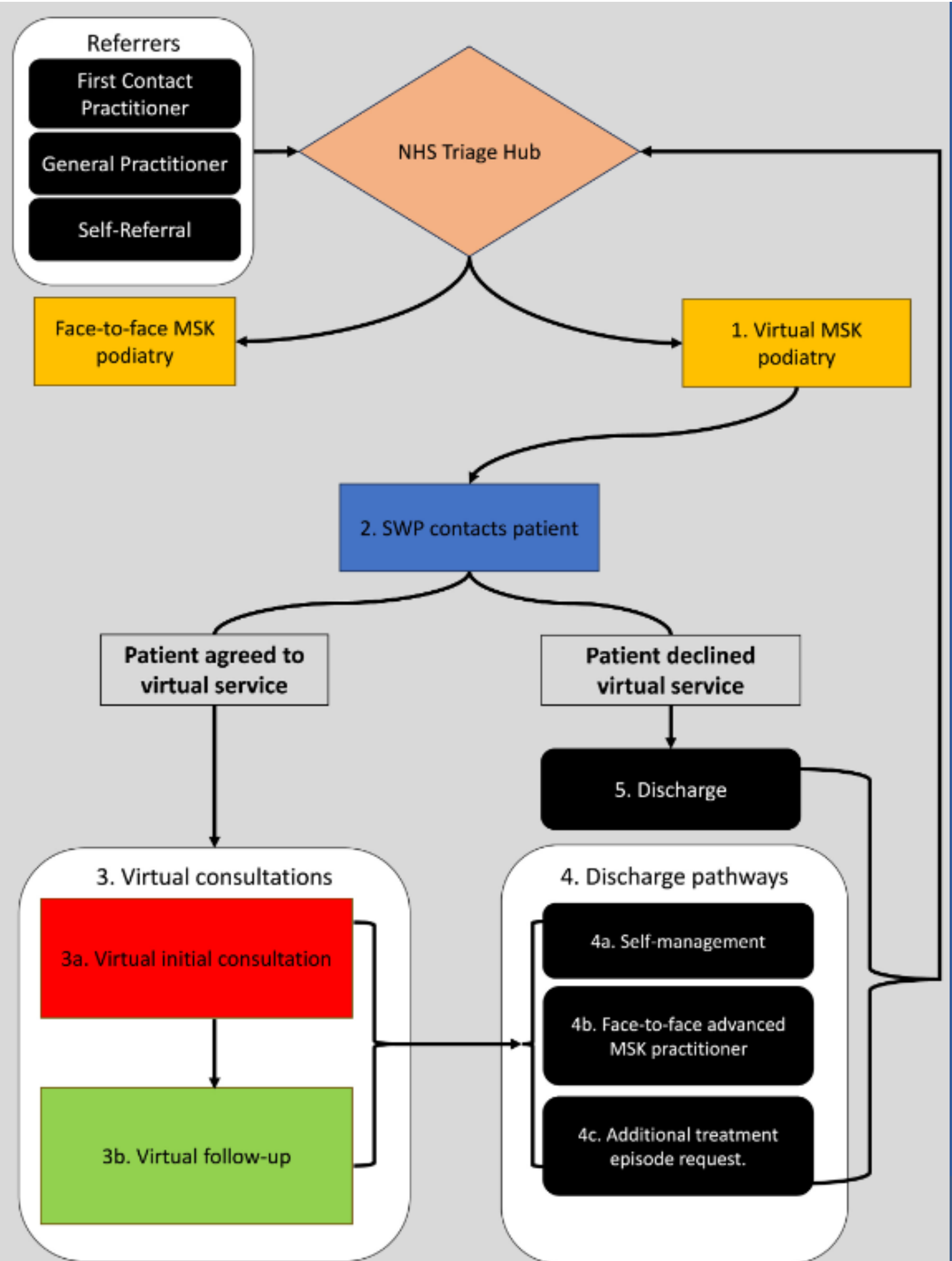
Retrospective evaluation covering period of July 2021-January 2023

574 referred patients were included in the study

Statistical Analysis of:

- Waiting times
- Visual Analogue Scale (VAS)
- Pathology category
- Treatment plans & Discharge outcomes

Clinical Pathway



Results (waiting times)

- Out of 574 patients 82 were excluded for non-attendance
- Data from 492 patients analysed
 - 152 Male, 340 Female
 - Total age range: 17-99 (61.5% in the age range of 40-69)

Average waiting time was:

- 35 days to initial consultation
- 91 days to discharge
- Compared to average NHS wait time to initial consultation >90 days

Results (VAS and pathology category)

	Average VAS at initial appointment	Average VAS at discharge	Average VAS improvement
Achilles tendinopathy	7.2 ± 2.0	3.6 ± 2.8	3.6 ± 2.2
Flat foot	6.0 ± 2.8	2.2 ± 2.6	3.8 ± 2.6
Foot pain	6.0 ± 3.1	3.5 ± 3.6	2.3 ± 2.7
Hallux valgus	7.2 ± 2.7	4.2 ± 3.7	2.9 ± 3.0
Metatarsalgia	5.1 ± 2.9	1.6 ± 1.7	3.6 ± 2.9
Neuroma/bursa complex	6.9 ± 2.1	4.3 ± 3.4	2.7 ± 3.0
Osteoarthritis	7.0 ± 2.1	3.6 ± 3.4	3.4 ± 2.5
Plantar fasciitis	7.4 ± 1.8	2.8 ± 2.6	4.6 ± 2.8
<i>Total</i>	6.6 ± 2.7	3.4 ± 3.3	3.2 ± 2.8

Results (waiting times)

Categories	Patients (n)	Percentage (%)	VAS at initial appointment	VAS at discharge	VAS improvement (between an initial appointment and at discharge)	Significance
Orthoses and an exercise rehabilitation plan prescribed	277	56.3	6.9 ± 2.1	2.8 ± 2.6	4.1 ± 2.6	<i>p</i> < 0.0001
No orthoses but with an exercise rehabilitation plan prescribed	6	1.2	2.0 ± 2.2	2.0 ± 2.2	0 (no difference)	-
Orthoses prescribed but with no exercise rehabilitation plan	123	25.0	6.6 ± 2.6	3.3 ± 3.5	3.3 ± 2.9	<i>p</i> < 0.001
No orthoses and no exercise rehabilitation plan	86	17.5	6.1 ± 3.9	6.0 ± 4.0	0.1 ± 0.7	<i>p</i> = 0.18

56.5% discharged on self-management (statistically significant *p*<0.0001)

Challenges & Successes

- Patient engagement - 14.3% of referrals declined virtual service
- Challenges in remote assessment for certain pathologies
- Virtual consultation procedure required continuous improvement
- Efficient triage, resource optimization, reduced physical clinic burden
- Independent Podiatry and NHS Podiatry collaboration
- Alignments with NHS Long-Term Plan to incorporate virtual services

Conclusions

- Virtual MSK Podiatry services can reduce waiting times and improve pain outcomes
- Virtual services can improve accessibility to podiatry care
- Potential for expansion and integration into standard care
- Certain pathology categories may benefit more
- Further evidence on the efficacy of virtual services required
- Further studies required on environmental sustainability of virtual services
- Comparative studies with face-to-face care

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THANK YOU

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