Royal College of Podiatry response to Health and Social Care Committee inquiry into Healthy Ageing: physical activity in an ageing society

Introduction

The Royal College of Podiatry is the professional body 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. 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.

1. **What are the opportunities in public health to promote physical activity to prevent physical and mental ill health at a population-level as people begin to age and help them remain healthy into older age? How can this be delivered?**

   There are significant opportunities for public health initiatives to promote physical activity in ageing populations, aiming to prevent both physical and mental ill health at a population level. Podiatrists, play a crucial role through:

   The delivery of public health messages to minimise isolation, promote physical activity, support weight management, and encourage healthy lifestyles.

   Barriers to mobility, such as foot and ankle pain, are major contributors to inactivity and increased falls risk amongst older adults. Podiatrists assess and manage disabling foot pain, provide footwear advice, and implement interventions that improve balance, strength, flexibility, and confidence in mobilisation.

   Through supporting self-management and reablement, enabling older people to maintain independence and participate in social activities, which are linked to better mental and physical health outcomes.

   Delivery can be achieved through:

   - Community-based education and screening programmes
   - Integration of podiatry services within primary care and community health teams
   - Collaboration with local authorities and voluntary sector organisations to provide accessible activity programmes, such as walking groups and dance classes.

2. **What are the opportunities for health services to promote physical activity to reduce the impacts of ill health and reduce the development of multimorbidity and/or frailty in older people who already have a long-term health condition? How can this be delivered?**

   Health services can promote physical activity among older adults with long-term conditions by:

- Embedding podiatry and AHPs in multidisciplinary teams to provide early detection and management of mobility-limiting conditions, thus reducing the risk of falls, reducing frailty, and further morbidity
- Supporting self-care and personalised interventions, such as tailored exercise plans and podiatry assessments, to maintain mobility and prevent complications (e.g., foot ulceration, peripheral arterial disease)
- Using social prescribing to connect patients with community resources that encourage physical activity, such as exercise classes or peer support groups.

2a. What interventions would have the most impact in reducing the gap in healthy life expectancy between older people living in the most and least deprived regions?

To address disparities between the most and least deprived regions, interventions with the greatest impact include:

- Targeted podiatry and mobility services in deprived areas, where the burden of chronic conditions and barriers to physical activity are higher
- Community outreach and education to raise awareness about the importance of good foot health, physical activity, and early intervention for musculoskeletal and vascular conditions
- Providing accessible, culturally appropriate activity programmes and removing financial, transport, or environmental barriers to participation.

3. **What are the key barriers to older people increasing their physical activity and how can they be encouraged and supported to do more?**

Barriers to increased physical activity in older people include:

- Fear of falling and injury, often linked to foot pain or poor balance
- Chronic pain or disability
- Social isolation and lack of motivation
- Limited access to safe, affordable activity options close to home

Support strategies could include:

- Early podiatric intervention to reduce pain and improve confidence in mobility
- Education on the benefits of physical activity and how to incorporate it safely into daily life
- Social prescribing and community engagement to reduce isolation and provide peer support.

4. **How can health services work with social care, the third sector, businesses and local government to support older people to be more physically active and address existing health inequalities?**

To enable increased cross sector working to provide older people with greater support, health services should be provided with resources by commissioners to provide training to social care staff to recognise early signs of complications.

5. **What progress has been made since the 2019 NHS England Long-Term Plan set out its ambitions to support people to age well and how could it be improved in relation to physical activity? In particular, what progress has been made on:**

a. **Early detection and intervention of frailty and other undiagnosed conditions and falls prevention schemes.**

Early detection and falls prevention: There has been increased recognition of the role of podiatrists in early detection of frailty and falls risk. The Royal College of Podiatry recently published their Policy Position on Falls Prevention which highlights podiatry's role in falls prevention.

b. **Widening, diversifying and expanding access nationally to social prescribing.**

Access to social prescribing has expanded, with podiatrists referring patients to community resources such as walking groups, smoking cessation services, and balance classes that promote activity and wellbeing.

c. **Supporting people to manage their own health through prevention schemes and personalised care.**

Prevention schemes and self-management support, such as the NHS self-care support programme, have been rolled out, though further integration of podiatry into these pathways could enhance outcomes. Health literacy, a person's ability to access, understand, and use information to make informed health decisions; public awareness of podiatry remains low, which directly affects health literacy. Many patients are unaware of the scope of podiatric care, often defaulting to GPs for foot-related issues that podiatrists are better equipped to assess, treat and manage.

Efforts to increase physical activity among older adults have included the expansion of social prescribing and community-based programmes, although participation rates vary significantly across regions and socioeconomic groups. Despite the known benefits of physical activity in preventing frailty and maintaining independence, national progress has been uneven, and healthy life expectancy has not improved as anticipated.

In terms of prevention and personalised care, the NHS has introduced models such as Personal Health Budgets and Shared Decision Making, which aim to empower individuals to take control of their health. While these initiatives represent a positive shift, their effectiveness is often limited by low levels of health literacy. Many older adults struggle to understand complex medical information, particularly when it is delivered digitally or in technical language.

Digital poverty further compounds these issues. As healthcare services increasingly move online, older adults who lack access to devices, connectivity, or digital skills are at risk of exclusion. Although partnerships with organisations such as the Digital Poverty Alliance have begun to address this gap, interventions remain fragmented and underfunded.

To improve outcomes, physical activity should be embedded into routine care for older adults, with GPs actively referring patients to appropriate exercise programmes, for general health, and peripheral arterial disease management. Community-led initiatives must be adequately funded and tailored to meet the needs of those with mobility or transport challenges. Health literacy can be enhanced through the development of plain-language materials and face-to-face education sessions. Addressing digital poverty requires a coordinated approach that includes providing subsidised devices and internet access, offering digital literacy training, and ensuring that non-digital access routes remain available for all NHS services.

6. What should the Government prioritise in funding allocations for delivering services to support older people to become more active?

We would wish to see the Government prioritise funding for integrated podiatry and physical activity services, especially in deprived areas. Along with investment in workforce development to expand the reach of podiatry and AHP-led prevention programmes.

7. What could the Government learn from examples of best practice that exist in local authorities, the third sector, NHS Trusts, or internationally?

a. What needs to happen to scale up the adoption of these examples across the country?

Local authorities and NHS Trusts with integrated, community-based podiatry and activity programmes demonstrate improved outcomes in mobility, falls reduction, and quality of life. To scale up, there must be:

- National standards and pathways for foot health and physical activity promotion from childhood to adulthood
- Cross-sector collaboration and shared funding models
- Ongoing evaluation and dissemination of effective models.

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[1]. 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.

Foot ulceration in those with diabetes and peripheral arterial disease are a major cause of hospital admissions[2,3]. 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[3]. 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. An example would be the ACT NOW campaign[6], which is an easy-to-use assessment tool for healthcare professionals working with people with diabetes, and people with diabetes who are affected by foot complications. A key aim is to reduce delays in referral time for specialist review as 'time is tissue' in diabetes care.

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[7]. This approach alleviates pressure on wards, enhances capacity for acute admissions, and also promotes patient recovery, thus improving patient outcomes[8]. 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[9].

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, can also lead to ulceration[10].

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.

Conclusion

Healthy ageing is a multifaceted challenge that demands coordinated, proactive, and inclusive strategies across health and social care systems. Podiatrists, as key Allied Health Professionals, are uniquely positioned to address many of the barriers older people face in maintaining mobility, independence, and overall wellbeing. Their role in early detection, prevention, rehabilitation, and education is critical to reducing hospital admissions, facilitating timely discharge, and promoting long-term health.

To truly embed physical activity and preventative care into the ageing journey, government and healthcare system stakeholders must prioritise integrated podiatry services, particularly in underserved communities. Investment in workforce development, cross-sector collaboration, and health literacy initiatives will be essential in upscaling best practices and ensuring equitable access to care. Addressing digital poverty and enhancing community-based programmes will further empower older adults to take control of their health.
By recognising and resourcing the full scope of podiatric care, the UK can make meaningful progress toward reducing health inequalities, improving healthy life expectancy, and supporting older people to live active, fulfilling lives.

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