www.rcpod.org.uk

ROYAL COLLEGE of PODIATRY

Implementing a Podiatric Surgery Service

Version 1 November 2025

For further information:
Royal College of Podiatry, Quartz House, 207 Providence Square, Mill Street, London SE1 2EW
Email: contact@rcpod.org.uk

ROYAL COLLEGE of PODIATRY

Version control

Version No	Authors	Date	Description of change
V.1	Dr. Helen Branthwaite, Mr. Ewan Kannegieter, Ms. Helen Milnes and The Faculty of Podiatric Surgery working group	19 September 2025	Approved by Faculty of Podiatric Surgery
V.1	As above	7 November 2025	Ratified by Clinical Senate

ROYAL COLLEGE of PODIATRY

Implementing a Podiatric Surgery Service

Introduction

Foot and ankle conditions affect at least one in five people in the general population and one in three over the age of 65, resulting in pain, disability, and reduced quality of life. Podiatric interventions contributes to addressing local population health needs where quality, safety and risk is effectively managed across a range of patient pathways. Podiatric Surgery as an advanced practice within podiatry, offers economically efficient, day-case surgical solutions to complex foot pathologies.

Podiatric surgeons are autonomous, HCPC-annotated specialists trained exclusively in the surgical and conservative management of foot and ankle disorders. Their scope includes elective, curative, and prophylactic interventions aimed at restoring function and avoiding complications such as ulceration, infection, and amputation. Podiatric surgeons deliver community services for foot and ankle complaints, and work collaboratively in acute services with orthopaedic surgeons, vascular surgeons, interventional radiologists, diabetologists, and rheumatologists. Collaborative care provides effective and timely surgical interventions which are significant to the outcomes patients experience.

This document outlines the clinical and economic case for commissioning podiatric surgery services as part of a wider strategy to meet NHS priorities, optimise existing resources, and future-proof the foot health workforce.

ROYAL COLLEGE of PODIATRY

Integration of Podiatric Surgery

The need to position the case for developing a podiatric surgery service is imperative as a key priority to support foot and ankle surgical referrals, reduce patient waiting times from referral to treatment and extend the scope of practice of community podiatry teams managing complex foot and ankle complaints. Podiatric surgery is a viable alternative referral pathway for patients to receive foot and ankle surgery. The commissioning of podiatric surgery offers tangible benefits to meet NHS priorities:

- **Specialised Expertise**: Podiatric surgeons are uniquely skilled in managing a wide range of foot and ankle conditions, including diabetes/ vascular limb salvage, deformity correction, and soft tissue repair
- **Efficiency in Delivery**: The majority of podiatric surgery procedures are performed as day cases within the community, under regional anaesthesia, reducing hospital stays and optimising resource use
- **Data-Driven Care:** With nearly 1 million procedures recorded in the RCPod's audit outcome database since 2010, podiatric surgery demonstrates consistently high levels of effectiveness and patient satisfaction.

Additionally, podiatric surgery drastically reduces costly complications such as amputations, particularly in high-risk patients, including those with diabetes[1]. Diabetes foot complications are estimated to cost approximately £1 billion annually in England alone[2]. When podiatric surgery is performed in community settings, high-risk foot clinics have demonstrated that each surgical cohort generates £226,268 in savings[3]. These savings arise from avoided hospital admissions, reduced antibiotic use, and a decreased need for dressings and offloading devices. Furthermore, regions with optimised podiatric pathways have experienced a 50% reduction in amputation rates, which directly cuts NHS expenditure[4].

Integrating podiatric surgery into community-based care unlocks long-term benefits by:

- Reducing inpatient admissions

ROYAL COLLEGE of PODIATRY

- Supporting timely discharge
- Preventing deterioration in high-risk foot cases
- Enabling capacity for outreach, falls prevention, and early intervention.

Economic efficiency of surgical models

Podiatric surgery units have been shown to be economically efficient, with an average saving of £1,800–£3,600 per procedure due to shorter hospital stays and more efficient use of resources[5]. Community-based surgery, such as day-case procedures under regional anaesthesia, reduces costs by 47% compared to national tariffs[3]. Investment in the podiatric surgery workforce yields £21.69 million in net benefits over five years by reducing reliance on medical consultants and lowering amputation rates. Early surgical intervention has also been found to shorten ulcer-healing times by 30–50%, thereby minimising clinic visits and associated costs, such as dressings and patient transport[3], reducing antibiotic use, and minimising the need for cumbersome offloading devices[6].

Enabling patient discharge and resource reallocation

Surgical resolution of chronic conditions allows for timely patient discharge, which reduces long-term dependency on NHS podiatry services. “Treat and discharge” models have replaced indefinite monitoring for conditions such as foot ulceration, digital malformations, and arthropathies[7]. After surgery, patients with resolved pathologies are safely discharged without the need for ongoing care[3,7]. Studies show that discharged low-risk patients have only an 11% risk of developing high-risk conditions within 26 months, making surgery a cost-effective exit from continuous care[6]. The freed capacity within podiatry services can then be redirected to preventive care, further reducing system burdens; for example, falls prevention initiatives save the NHS £2.3 billion per year[4,8]. Conservative care that is often required post-surgery can be included in post operative care, reducing the requirement for onward referral into additional services.

Broader economic and systemic benefits

Multifaceted podiatry programs, including surgery for gait correction, have a cost of £19,494 per QALY gained, which is well below NICE’s £30,000 threshold[8]. Training podiatric surgeons is also

ROYAL COLLEGE of PODIATRY

£864,000 cheaper per surgeon than expanding orthopaedic teams, and podiatric surgeons have the ability to operate with greater autonomy within community settings[4]. Integration of surgery into community podiatry services and clinics brings the management of foot and ankle complications locally to the patient (See Appendix 1: Examples of service set up costs and business plans to create new community and hospital led provision).

Conclusion

Podiatric surgery is a strategic, cost effective investment for NHS services. With demonstrated savings of £1.5–£2.1 million per 1,000 patients, and a critical role in reducing amputations, improving discharge rates, and restoring patient mobility, podiatric surgery represents a high-impact solution to key NHS challenges.

Integrating podiatric surgery more widely will:

- Help resolve the elective backlog
- Improve patient-centred care
- Support workforce development and retention
- Strengthen preventative care pathways.

Sustained commissioning and investment are essential to realise these benefits at scale. Existing services need to be supported with consultant led care to enable trainees to be mentored and continue the supply of podiatric surgeons. Additionally, new service investment can provide opportunity for long term savings and improved patient centred care.

ROYAL COLLEGE of PODIATRY

References

1) North West Coast Strategic Clinical Network (2017). Diabetes Footcare Pathway Blueprint. **https://www.england.nhs.uk/north/wp-content/uploads/sites/5/2018/05/NWCSN_Diabetes_Footcare_Final_Report_2017-1.pdf**
2) NICE (2015) *Diabetic foot problems: prevention and management* (NG19). NICE, London **https://www.nice.org.uk/guidance/ng19/resources/diabetic-foot-problems-prevention-and-management-pdf-1837279828933**
3) Morley R, Webb F and Barber A (2020) A podiatric surgery high-risk community foot clinic: surgical and financial outcomes. The Diabetic Foot Journal 23(3): 24–34 **https://diabetesonthenet.com/wp-content/uploads/pdf/dotn7aef23a4026643223de5bc4c2fc8ddc2.pdf**
4) The College of Podiatry (2017). Podiatry: Driving value, improving outcomes. **https://rcpod.org.uk/api/documentlibrary/download?documentId=338&utm_source=perplexity**
5) Access Economics Pty Limited for The Australasian College of Podiatric Surgeons (2008). The economic impact of podiatric surgery. **https://s3.amazonaws.com/kajabi-storefronts-production/sites/98874/themes/1958854/downloads/ZHE1RmDZS1msR7usi62X_Access_E c onomics_2008.pdf**
6) The College of Podiatry. (2021). Podiatric Surgery- A cost-effective solution for reducing elective waits. **https://rcpod.org.uk/the-college/position-statements/podiatric-surgery-a-cost-effective-solution-for-reducing-elective-waits**
7) Campbell JA. (2007). Modelling deterioration of foot health in older people following discharge from NHS podiatry services. *The Foot.* **https://pure.northampton.ac.uk/en/publications/modelling-deterioration-of-foot-health-in-older-people-following-?utm_source=perplexity**
8) Corbacho, B, Cockayne, S, Fairhurst, C et al. (2018). Cost-Effectiveness of a Multifaceted Podiatry Intervention for the Prevention of Falls in Older People: The REducing Falls with

ROYAL COLLEGE of PODIATRY

Orthoses and a Multifaceted Podiatry Intervention Trial Findings. Gerontology, 64 (5). pp. 503-512. ISSN 0304-324X

https://doi.org/10.1159/000489171

ROYAL COLLEGE of PODIATRY

Appendix 1

Examples of service set up costs and business plans to create new community and hospital led provision

Example 1: Supporting evidence and implementation framework for Community-based Podiatric Surgery services

Context

A region with high rates of foot ulceration and amputations proposed expanding its podiatric surgery service to address both diabetes and vascular related high-risk foot complications. The service sought to alleviate pressures on overstretched vascular and orthopaedic teams, reduce elective care backlogs, and improve patient outcomes.

Key Features

- Scope of Service: Focus on elective, prophylactic, and curative foot surgery to manage deformities, prevent ulceration, and improve mobility.
- Integration: A unified high-risk foot pathway, replacing the traditional diabetic foot model.
- Capacity Increase:
    - 30-50% increase in outpatient capacity with existing staffing levels
    - Enhanced appointment capacity by reducing clinic times from 30 to 20 minutes
    - Reduction in inappropriate referrals to acute teams by 50-80%.

ROYAL COLLEGE of PODIATRY

- Workforce Resilience: Improved staff retention and recruitment through varied clinical timetables and reduced burnout.

Financial Benefits

- Estimated annual cost savings: £500,000 through reduced hospital admissions, shorter Refeferral to Treatment, and decreased acute referrals
- Potential savings of £225,000 annually from implementing community-based surgical interventions
- Significant mid to long-term savings from reduced ulceration and amputation rates.

Outcomes

- Improved patient outcomes, reduced waiting times, and enhanced access to equitable care
- Streamlined pathways and increased support for community podiatry teams.

Example 2: Podiatric Surgery Pilot Supporting Orthopaedic Services

Context

A Trust with one of the largest orthopaedic patient tracking list (PTL) piloted a podiatric surgery service to reduce waiting lists for foot and ankle patients. The service targeted high volume, low-complexity cases suitable for management under regional anaesthesia.

Key Features

- Pilot Duration: Initially piloted for 6 months from April to October 2023, the Podiatric Surgery service was extended for a further 17 months with elective recovery funding through to March 2025.

ROYAL COLLEGE of PODIATRY

- Scope of Service: Screening 1,590 trauma and orthopaedic (PTL) clinical records, identifying 595 (37%) eligible for transfer to Podiatric Surgery.
- Performance:
    - Providing timely care to 351 patients, who would have experienced prolonged waits in trauma and orthopaedics, with eligible cases achieving surgery within four weeks under the podiatric surgery service
    - 103 patients seen within the first 18 weeks
    - Achieving a 100% patient same day discharge rate, with expectations consistently met (Friends and Family test - 100% very good or good) and national (PASCOM-10) audit showing 94.6% satisfaction at minimum 6 months post op.

Financial Benefits

- Generated Income: Generating £692,656 in income, with a net surplus of £342,317 over 20 months
- Mean Cost Per Procedure: £1,889, representing a 53% saving compared to national tariffs
- Projected Annual Surplus: £261,200 with continued service.

Strategic Benefits:

- Impact on Orthopaedic Waiting Lists:
    - Alleviation of orthopaedic waiting lists, reducing RTT for foot and ankle cases to 4 weeks
    - Enhanced multidisciplinary collaboration, improving care pathways for foot and ankle patients.

Outcomes

- 47% conversion rate from new patient consultations to surgery
- Reduced reliance on independent sector outsourcing, retaining income within the Trust
- Enhanced patient experience through faster access and reduced acute appointments.

ROYAL COLLEGE of PODIATRY

Example 3: Reintroduction of Consultant-Led Surgical Podiatry Service

Context

A Trust has developed a business case to reintroduce a Consultant-led podiatric surgery service as a standalone model linked with a pre-existing podiatry team. The service aims to address the growing demand for effective, cost-efficient surgical care.

Key Features

- Service Framework:
    - Comprehensive management of foot and ankle conditions
    - Focus on high-volume, low-complexity procedures to reduce pressure on orthopaedic teams
    - Limb salvage service to reduce burden on acute services, bed days and admissions for diabetic foot problems.
    - Improve patient flow by early discharge for inpatients awaiting foot surgery/surgical debridement
    - Regional anaesthesia utilised to enable quicker, more cost effective procedures compared to general anaesthesia.
- Performance:
    - Planned up to 1200 new patients per year
    - 330 elective day admissions
    - 100% same day discharge.

Financial Benefits

- Significant contribution to the elective recovery fund by correct use of Healthcare Resources Groups codes with tariff payment rather than block. Costs are approx £1500 lower per

admission for podiatric surgery than a trauma and orthopaedics surgeon with anaesthetist cover

- Efficiency Gains: Regional anaesthesia procedures reduce the need for anaesthetic staff and resources, saving up to 50% compared to general anaesthesia costs per procedure
- Income Generation: The service is projected to generate annual income of over £962,000, with net surplus of £487,000 through increased patient throughput and improved use of theatre capacity
- The minimum activity required for the financial case to balance is delivery of 55% of outpatient activity and 50% of day case activity
- Wound-free days:
    - By addressing foot osteomyelitis and related conditions promptly, the service aims to increase the number of "wound-free days" for patients, enhancing their quality of life and reducing long-term care needs.

  • Impact on Patient Care:
    - Improved access to timely care with reduced RTTs for foot and ankle conditions
    - Enhanced patient experience with regional anaesthesia pathways for elective foot surgery
    - Reduction in admissions and bed days for foot osteomyelitis and related conditions.

  • Strategic Alignment:
    - Links with local community providers to strengthen service accessibility
    - Contribution to the Trust's goals of workforce optimisation and innovation.
    - Multi-disciplinary approach to lower limb with strong links between podiatric surgery, podiatry, vascular surgery and medical teams.

  • Education and Research Opportunities:
    - Placement opportunities for MSc and BSc students, supporting professional development and recruitment
    - Increased research projects, published audits, and academic outputs.

ROYAL COLLEGE of PODIATRY

• Risk Mitigation:

- Active engagement with primary care and internal teams to establish referral streams
- Close collaboration with medical and clinical teams.

Outcomes

- Expanded service capacity
- Cost-efficient, sustainable surgical care delivery that aligns with NHS priorities
- Positive patient feedback and enhanced professional development opportunities for AHP staff.