Royal College of Podiatry response to the Hewitt Review: Call for Evidence

1. **Please share examples from the health and care system, where local leaders and organisations have created transformational change to improve people's lives.**

The Manchester Amputation Reduction Strategy (MARS) aims to reduce the number of major and minor amputations currently being performed across Greater Manchester. It works on the basis that this will be achieved through the development and implementation of a commissioning strategy designed to prevent, manage and heal chronic foot and leg ulcers faster. MARS has a Public Health, Community and Acute focus.

The strategy recognises that change happens in communities, supported by local organisations. Targeted health promotion messages will be delivered to patients throughout the MARS pathway utilising appropriate technology and multi-disciplinary staff. The 'MARS Community' aims to reduce the heterogeneity of service provision and patient flow in the community for foot and leg ulcers.

It is envisaged that the team, at an ICS level, will be formed by bringing together adult community nursing, specialist nursing and podiatry services. There will be three tiers of management; tier 1 (adult community nursing) will manage wounds as per MARS pathways, tier 2 (specialist clinics) will be run by specialist podiatrists and nurses with the most complex wounds managed at the multi-disciplinary level (tier 3). Tier 1 and 2 will be in the community, and tier 3 in a hospital outpatient setting. Patients will move through the tiers seamlessly as their wounds progress/deteriorate. All protocols and pathways will be evidence based and NICE compliant.

2. Do you have examples where policy frameworks, policies, and support mechanisms have enabled local leaders and, in particular, ICSs to achieve their goals?

No response

3. Do you have examples where policy frameworks, policies, and support mechanisms that made it difficult for local leaders and, in particular, ICSs to achieve their goals?

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 Allied Health Professionals, including Podiatrists, to be involved in Integrated Care decision making. Without meaningful engagement in these discussions, there is a danger that the invaluable contribution that Podiatrists can make to the delivery of care, might be overlooked. Strengthened national guidance on the makeup of Integrated Care Partnerships, which includes representation of Allied Health Professionals, such as Podiatrists, should be developed and implemented at the earliest opportunity.

In addition, there are just over 12,000 currently registered Podiatrists in the UK. This number is down from 13,100 in 2018 to 12,250 in 2022. There is a direct correlation between the reduction in the number of Podiatrists entering the profession and the Government's reduction of the NHS Learning Support Fund Training Grant for new Podiatrists from £9,000 to £5,000 per academic year. This reduction has made it difficult to recruit undergraduate students and, therefore, new Podiatrists into the profession.

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. With this in mind and considering the three-year lead time from commencing training to entering the workforce we urge the Government to restore the original £9,000 per year Training Grant for prospective Podiatrists immediately.

4. What policy frameworks, regulations or support mechanisms do you think could best support the active involvement of partners in integrated care systems?

No response

5. What recommendations would you give national bodies setting national targets or priorities in identifying which issues to include and which to leave to local or system level decision-making?

In line with the previous response, workforce planning has to be coordinated nationally and regionally. It is only by establishing a national picture, that ICSs, ICB and Trust Boards can appropriately plan for future workforce needs.

6. What mechanisms outside of national targets could be used to support performance improvement?

The NHS England CQUIN scheme for 2022/23 included a vascular CQUIN for the first time, to support 'achievement of revascularisation standards for lower limb ischaemia.' This is aimed at, and has proved effective in, ensuring shorter post-operative and overall hospital stays for patients, as well as reducing in-hospital mortality rates, re-admissions and amputation rates.

Additionally, having a vascular CQUIN indicator focuses the attention of NHS providers on vascular services and provides an opportunity for clinicians to seek resources and support from their organisational leadership. Much-needed resources and support may be gained by highlighting potential financial gains, related to reduced length of stay and subsequent increased bed capacity as well as the financial incentive of the CQUIN itself. Ensuring the continued implementation and application of the CQUIN programme to ICSs and ICBs will be crucial in ensuring that a diverse range of treatment areas are prioritised with meaningful financial incentives for performance improvement and improved patient outcomes.

7. Do you have any examples, at a neighbourhood, place or system level, of innovative uses of data or digital services?

No response

8. How could the collection of data from ICSs, including ICBs and partner organisations, such as trusts, be streamlined and what collections and standards should be set nationally?

National data collection, collation and publication of local podiatry vacancy rates is crucial in establishing national oversight of local and regional variation in podiatry provision as well as future workforce need based on anticipated rates of diabetes foot complications. A recent Government answer to a written question on local podiatry provision has shown that there is no centralised data collection of podiatry vacancies.

Given that the number of people with diabetes in England has doubled in the last 20 years and 1 in 10 adults are expected to be living with diabetes by 2030, securing the future of the Podiatry workforce to ensure early and effective treatment of diabetes foot conditions must be a priority for the Government. In the absence of centrally controlled podiatry workforce planning, based on nationally coordinated vacancy data, hundreds of lives a year will continue to be at risk as a result of unnecessary amputations.

9. What standards and support should be provided by national bodies to support effective data use and digital services?

Publication of a national workforce plan which includes future need for Allied Health Professions, such as Podiatrists, must be a priority for the Government. This plan must take into account current trends in recruitment and retention and plan for future needs-based projections for comorbidities in the population, and their impact on disease prevalence. A national workforce plan will also act as a crucial evidence base for the allocation of long-term workforce funding.
In the absence of long-term funding, Allied Health Professions, such as Podiatrists, will be unable to commit substantial and consistent investment towards maximising recruitment and retention, both of which will be crucial in securing the future viability of this vital profession.

10. What do think are the most important things for NHS England, the CQC and DHSC to monitor, to allow them to identify performance or capability issues and variation within an ICS that require support?

No response

11. What type of support, regulation and intervention do you think would be most appropriate for ICSs or other organisations that are experiencing performance or capability issues?

No response.

Royal College of Podiatry
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