

Royal College of Podiatry consultation response to the Major Conditions Strategy consultation

This consultation response refers to the following six major conditions:

- cancers
- cardiovascular disease, including stroke and diabetes
- chronic respiratory diseases
- dementia
- mental ill health
- musculoskeletal disorders

Introduction

The Royal College of Podiatry 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, treat, rehabilitate, and prevent complications of the foot and lower limb. They manage foot and ankle musculoskeletal pain, skin conditions of the legs and feet, treat foot and leg infections and assess and manage lower limb neurological and circulatory disorders. Podiatrists are unique in working across conditions rather than a disease specific area.

A podiatrist's training and expertise extends across population groups to those who have multiple chronic long-term conditions, which place a high burden upon NHS resources (diabetes, arthritis, obesity, and peripheral arterial disease). In addition to delivering wider public health messages to minimise isolation, promote physical activity, support weight loss strategies and healthy lifestyle choices, podiatrists keep people mobile, in work and active throughout their life course.

The Royal College of Podiatry will be responding to all aspects of this consultation with the exception of chronic respiratory diseases. Whilst many of our patients suffer from these conditions, this is not an area that podiatrists generally manage.

The areas of priority risk factors that influence the six major conditions are wider than prevention, diagnostics, and treatment. The Government must address the underlying factors that lead to the health inequalities gap that have been allowed to widen in recent years. The Department of Health and Social Care need be working in partnership with the Department of Education, the Department for Work and Pensions, the Department for Food, Agriculture and Rural Affairs, and the Department for Levelling Up, Housing and Communities to address the underlying causes of poor health, i.e., poverty, low levels of educational attainment and poor housing. These issues need to be addressed by government on a long-term basis, rather than short term initiatives that do not tackle the root cause of so much poor health within society.

That said, for the NHS to remain a sustainable organisation primary prevention needs to be at the heart of a forward-thinking health strategy. Incidences and complications arising from the major conditions could be reduced through healthy lifestyles, exercise, and diet. However, Government needs to be working hand in glove with local authorities to ensure that those in the areas of highest socio-economic deprivation have access to services.

How do we support people to tackle the risk factors behind the six major conditions identified in this strategy?

Podiatrists play a key role in identifying and supporting inactive people to become more active. A foundational podiatric intervention is the accurate diagnosis of where and how foot pain may contribute to inactivity. This initial assessment will be accompanied by an analysis of gait and human movement biomechanics, related to the presenting complaint which will allow a podiatrist to accurately prescribe a course of treatment. These suggested interventions might include exercise therapy, functional foot orthoses or insoles, footwear advice, acupuncture, steroid injections, shockwave therapy, self-care advice, and social prescribing. These interventions can dramatically reduce the levels of pain and/ or discomfort experienced by a patient when undertaking different forms of exercise and can play a key role in encouraging patients towards regular mobility and exercise as part of a broader healthy lifestyle.

A fear of falling and sustaining an injury is also a key factor behind inactivity, particularly amongst the older people within our communities. Evidence shows that there is a relationship between foot and ankle problems and risk of falling, which podiatrists, working with patients are ideally placed to treat. Podiatrists assess and manage disabling foot pain, helping to increase mobility and the range of motion of the foot as well as providing footwear advice to reduce risk. Podiatric interventions improve balance and independent living in older adults and can improve strength and flexibility. All these interventions alleviate foot pain associated with inactivity, increase confidence in mobilisation and exercise, and encourage a healthy and active lifestyle.

How can we better support local areas to diagnose more people at an earlier stage?

Multiple conditions

Podiatrists based at the heart of integrated primary care and community health services are ideally placed as the first point of contact, including the signposting of patients to secondary care services, leading in the delivery of early interventions to reduce complications in major conditions such as cardiovascular disease, stroke, diabetes and musculoskeletal disorders. Podiatrists within the NHS provide services across the life course working across to deliver preventative care whether in Primary Care as First Point of Contact Practitioners, in Community Health Services delivering preventive care within MSK, management of diabetic foot complications, detection and management of peripheral arterial disease, and in Secondary care as coordinators of care within Multidisciplinary Foot Services, and Musculoskeletal Clinical Assessment and Treatment Services.

CVD, diabetes, and stroke

Atrial Fibrillation (AF) is a key early indicator of a stroke. There are some 12,500 AF-related strokes in England every year, and the total costs for treating them is £150 million in the first year. Projections

suggest that between 1.3 and 1.8 million people in the UK will have AF by 2060, constituting a considerable public health burden and a significant causal factor in the future prevalence of strokes across the UK.

Podiatrists play a key role in detecting AF during opportunistic checks as part of any routine appointment. An irregular pulse, detected by foot pulse diagnostics, can indicate an arrhythmia. Within this screening role a podiatrist will then ensure that a referral is made to the patient's GP for further investigation. Podiatrists have the potential to play a key role in early detection of AF related stroke risk which, in turn, can promote the adoption of preventative measures including improved diet and exercise routines as part of a healthy lifestyle.

Podiatrists are also well placed to identify hypertension, along with arrhythmias, as the two key causes of cardiovascular disease. Currently within the NHS, there are a number of podiatry led community arterial assessment, diagnosis and management services who triage vascular referrals to ensure that all people suspected of having peripheral arterial disease are seen quickly and offered an individual cardiovascular management plan. This reduces pressures on GP surgeries and secondary care vascular services and ensures parity of care within the community setting. Patients at risk are offered a cardiovascular management plan which includes a medication review and support with lifestyle changes such as smoking cessation and physical activity programmes.

MSK

Musculoskeletal podiatry services sit at all levels of healthcare delivery. These services provide triage within primary care and community health services. The instigation of early interventions for MSK conditions which fall within the scope of podiatry include the treatment of generalised foot osteoarthritis, overuse injuries to tendon and ligament injuries, autoimmune inflammatory joint disease, and sports injuries, fragility and falls risk assessment, and joint deformities. All of these conditions have the potential to enact a significant burden on NHS services if not treated in a timely manner. Podiatrists are ideally placed to offer early interventions to these conditions including exercise therapy, functional foot orthoses or insoles, footwear, acupuncture, steroid injections, shockwave therapy, self-care, and social prescribing.

Provision of integrated care for people with MSK foot and lower limb complaints is at the forefront of podiatric MSK practice, in collaboration with other healthcare professionals as well as wellbeing services.

Dementia

Evidence is now showing that the development of dementia can begin in midlife as a result of multiple risk factors. Many of the modifiable risk factors such as hypertension, obesity, social isolation and diabetes can be supported through podiatric intervention. Poor foot health may impact on people's ability to participate in physical activity which can then increase the risk factors for developing dementia. Research is also highlighting the link between gait changes and dementia diagnosis. As experts in gait analysis podiatrists can work alongside members of the multidisciplinary team to support diagnosis and implementation of post diagnostic support.

Skin Cancer Screening and Detection

Nearly a quarter of GP visits relate to a dermatological problem. Podiatrists are a vital allied health profession, who assess, diagnose, treat, and appropriately refer for a wide range of lower limb skin and nail conditions, and should be fully utilised within community dermatology settings.

In relation to cancer detection the incidence of melanoma in the UK has risen by 140% since 1990, and the most common specific location for melanoma skin cancers in women in the UK is on the lower limb. Acral lentiginous melanoma is a specific, rarer type of melanoma that appears on the palms of the hands, the soles of the feet, or under the nails and is the most common type of melanoma in people with darker skin and is linked with the worst survival rates. The best opportunity for a favourable outcome is early diagnosis. Annual skin examinations undertaken in dermatology departments could be undertaken by podiatrists to check the palms of the hands and the soles of the feet as well as the nail beds (podiatrists work with the hands as well as the lower limb).

As with GPs who have a special interest in dermatology, dermatology specialist podiatrists have a wider range of skills including punch biopsies, shave biopsies, nail biopsies and dermoscopy. Dermoscopy is the specialist examination of the skin structures and patterns using a dermatoscope which is a high-quality magnifying lens with a powerful lighting system. It is mainly used to evaluate pigmented skin lesions and can aid in the diagnosis of skin cancer. Dermatology specialist podiatrists will use dermoscopy in combination with appropriate skin lesion assessment tools to help in the recognition of benign skin lesions and identify suspicious lesion features which warrant onward referral or biopsy.

How can we better support and provide treatment for people after a diagnosis?

Multiple conditions

Considerations of a patient's successive quality of life following a diagnosis should be central to the care and support they receive. It should not be limited to the prescription of a particular course of treatment but should also include information about how they might live a healthy and fulfilled life in light of their diagnosis. With this in mind, attention should be paid to the care a patient receives in the community following discharge from hospital with a particular diagnosis. It is also important that patients are supported to return to work and to contribute to their communities following a diagnosis.

Podiatrists provide vital services to thousands of individuals every day, and work across the life course from childhood through to elderly and palliative care. They play a key role in managing complications and co-morbidities of many long-term conditions and keep people active, mobile, living independently and facilitating them to remain in work. The future of the podiatry workforce must be protected if this work is to be continued.

In addition, it is also crucial that patients are supported to manage their prescribed medications and diagnosed conditions effectively. All podiatrists are POM-A and POM-S qualified, therefore are able to prescribe antibiotics, topical steroids and anti-fungal creams, analgesia, request and review blood tests, request and review radiology and vascular investigations. Administration of local anaesthesia

allows for timely minor surgery and diagnostics, whilst corticosteroid injection therapy can provide significant pain relief; both significantly reducing pressure on primary and secondary care services. e.g. A podiatrist treating an elderly patient regularly for a diabetes related foot complication picked up that they were having episodes of hypoglycaemia (low blood sugars), putting them at increased risk of falls and trauma. They were taking Atenolol, an anti-hypertensive that could cause hypoglycaemia, so this was stopped, and a plan put in place for further review.

Podiatrists can also undertake an additional non-medical prescribing qualification to become independent prescribers. Podiatrists who are able to prescribe independently play a role in medicines reconciliation and can prescribe within their scope of practice, including cardiovascular and neuropathic pain medications, again relieving pressures on primary and secondary services, and getting it right first time.

CVD, diabetes, and stroke

Approximately 6,000 people with diabetes and/or peripheral arterial disease have a toe, foot or leg amputation each year in England. With the correct and timely care, 80 per cent of these amputations could be prevented. In addition, podiatrists are an essential first port of call for people with rheumatology, musculoskeletal conditions, vascular disease, kidney disease and immune-compromised conditions. The broader cost of diabetic foot ulcers is costing the NHS more than £1 billion a year; this is the equivalent of just under 1% of the entire NHS annual budget.

The life expectancy risk for a person with diabetes who has developed a foot ulcer is decreased by twenty-five per cent; and up to eighty per cent of all lower limb amputations in people with diabetes are preceded by a foot ulcer. Foot ulcers and amputations have a devastating impact upon people's lives and increase their morbidity. Foot complications account for more hospital admissions than any other complication of diabetes. Moreover, the mortality rate for diabetic foot ulcers is third only to pancreatic and lung cancers at five years. Up to seventy per cent die within 5 years of having an amputation and around fifty per cent die within 5 years of developing a diabetic foot ulcer.

Data from the National Diabetes Footcare Audit (NDFA) has shown that delayed presentation of foot complications leads to costly increased healing times, poorer outcomes and an increased risk of amputation and mortality. Effective and early intervention for diabetic foot complications prior to ulceration must be a priority and could save thousands of lives and millions of pounds each year.

Cancer

Podiatry is involved in multiple aspects of the various cancer care pathways, from detection to management, through rehabilitation and post rehabilitation to mitigating the effects of cancer. From detection of malignant melanomas to management of post-surgical complications, it is vital that podiatry is involved within the cancer pathways.

Following surgery for breast cancer (either lymph node removal or mastectomy), the patient may not be able to lift their arm. If they cannot swing their arm whilst walking, the hip has to work harder and foot position may change, causing heel pain, hip pain and possible knee pain. (The patient is likely to heel strike with their foot in a pronated rather than supinated position.) A podiatrist assesses

the patient's gait and provides treatment in the form of orthoses, footwear advice or exercises to help the patient regain mobility and reduce their pain.

People undergoing Chemotherapy treatment may suffer from ingrown toenails as the drugs can distort nail cell growth, causing the nails to curl inwards. This can further lead to infection such as cellulitis as the nail pierces the skin. Early podiatric preventative intervention can help reduce the risk of infection (avoiding hospital admissions) and can again minimise mobility problems / potential delays or disruption to chemotherapy treatment. In addition to this, people with diabetes have some specific problems where podiatrists can help.

As some cancer drugs affect blood sugar levels this can instigate or aggravate problems faced by people with diabetes, in particular numbness (neuropathy) or burning sensations (painful neuropathy) in the feet. Numbness can in turn lead to changes in their gait and mobility and increase the risk of unnoticed ulceration and infections.

Patients who have had a hysterectomy, other abdominal surgery, or skin grafts from the lower limb may lose their ability to tilt their pelvis or rotate their leg. This often has an effect on their hip, knee and foot position, causing pain, discomfort and potentially long-term mobility issues. Often these issues are not identified as an effect of the cancer treatment.

With the above in mind and the range of services outlined, it is vital that Podiatry plays a key role in the support offered to patients following a cancer diagnosis.

Dementia

By linking with post diagnostic support services podiatry can provide universal resources to promote activity such as stretching and strengthening programmes, footwear advice and foot health self-management guidance. Due to the impact poor lower limb health can have on physical activity it is vital people are supported to remain active both through early identification of foot health issues and through the implementation of appropriate management plans, tailored to the individuals needs and abilities – at times in collaboration with families and cares as appropriate.

By involving podiatrists in mental health multi-disciplinary teams, the importance of lower limb health will be recognised amongst others involved in the team and enable timely access to specialist services. Often foot health is overlooked, or not considered, due to a lack of awareness of the impact poor foot health can have on both physical and mental wellbeing, and due to a lack of involvement with MDTs. By podiatrists raising the profile of the impact and the interventions they can bring, they will be able to support more people to be assessed and implement management plans.

Current research is showing the link between gait changes and early dementia diagnosis. As experts in gait analysis podiatrists can help support further research and act on the results to support an individual's care management plan.

How can we better enable health and social care teams to deliver person centred and joined up care services?

The involvement of podiatrists, and other allied health professionals, in decision making processes at an ICS and ICB level will be crucial in realising the potential of integrated care across acute and community settings. Podiatrists are uniquely placed to speak to local challenges in access, discharge and the expansion of treatment options and settings. Podiatrists are at the forefront of delivering innovation in integrated care; they deliver high quality and timely care as well as embracing safe and effective technologies that lead to improved patient outcomes.

It is vital that patients are treated in a setting that is appropriate for them. Within NHS podiatry services across the UK, home visiting services are offered to those who are housebound. Podiatrists provide all aspects of podiatry care, ensuring provision is equitable in all settings. Specialist podiatrists lead in wound care, pressure ulcer prevention and management, creating care plans for nursing staff to facilitate holistic care, and addressing the patient's needs.

CVD, diabetes, and stroke

The example of the Manchester Amputation Reduction Strategy shows the value of a coordinated strategy for the prevention and management of foot and leg ulcers in patients with diabetic foot complications. *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 Hospital focus.

The plan recognises that change happens in communities, supported by local organisations. Targeted health promotion messages are 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 the bringing together of adult community nursing, specialist nursing and podiatry services and managed by a non-medical consultant. There are three tiers of management; tier 1 (adult community nursing) manages wounds as per MARS pathways, tier 2 (specialist clinics) is run by specialist podiatrists and nurses, with the most complex wounds managed at the multi-disciplinary level (tier 3). Tiers 1 and 2 are in the community, and tier 3 in hospital outpatient setting. Patients move through the tiers seamlessly as the wounds progress/deteriorate. All protocols and pathways are evidence based and NICE compliant.

Patients with an acute foot complication (such as a foot ulcer or infection) need to be able to self-refer into specialist services, where appropriate, and should be seen quickly. Many healthcare professionals, do not appreciate how rapidly a foot condition such as a diabetic foot ulcer, can deteriorate into a limb or life-threatening condition. Podiatrists are critical in training and education and public health messaging.

How can we make better use of research, data, and digital technologies to improve outcomes for people with, or at risk of developing the major conditions?

Multiple conditions

The development of, and access to, a singular patient record for NHS patients across, acute, primary and community services, is crucial to ensuring continuity of care, community management of conditions and effective prevention strategies. Access to patient data which provides the results of early interventions, prescribed medications and recommendations for future treatment will help the NHS to identify opportunities for referral to podiatry services in the community, which in turn, have the potential to alleviate the patient burden from acute and primary services.

Podiatrists have embraced digital technologies to support offering remote advice and guidance services to other healthcare professionals, including GPs, community nurses, practice nurses and other healthcare professionals. Podiatrists have led on the use of photography, and other means of digital imaging, which has enabled more effective triage of referrals.

Various digital resources are currently in use to support people living with dementia. Podiatry can further enhance this with a range of podiatric accessible digital resources, such as digital podiatry Talking Mats, online help links and apps.

How can we improve access to palliative and end of life care?

Longer life expectancy and increasing numbers of people living with long term conditions will result in an increase in the number of people needing to access podiatry services.

Whether preventing diabetes related life changing complications, managing people undergoing cancer treatment, preventing falls, managing medicines, or preventing and managing wounds, podiatrists work across pathways including palliative care to ensure that the population, even in its final years, is healthier and more mobile thereby enabling an increased quality of life.

Podiatrists increasingly support patients through palliative/ end of life care and are often the healthcare professionals who refer on to the palliative care teams. Recognising when it is appropriate to treat or not to treat and ensuring that the patients' dignity and comfort are maintained is vital.

Suggestions for better supporting those with cancer

Podiatrists offer a range of services for those suffering with cancer, which can support the NHS workforce by alleviating pressure on primary and secondary services. Maximising the role that podiatrists can play in cancer pathways will ensure that patients receive the best, most convenient care possible. A number of examples of the roles that podiatrists play in cancer treatment can be found below:

Following surgery for breast cancer (either lymph node removal or mastectomy), the patient may not be able to lift their arm. If they cannot swing their arm whilst walking, the hip has to work harder and foot position may change, causing heel pain, hip pain and possible knee pain. (The patient is likely to heel strike with their foot in a pronated rather than supinated position.) A podiatrist assesses the patient's gait and provides treatment in the form of orthoses, footwear advice or exercises to help the patient regain mobility and reduce their pain.

People undergoing chemotherapy treatment may suffer from ingrown toenails as the drugs can distort nail cell growth, causing the nails to curl inwards. This can lead to infection such as cellulitis as the nail pierces the skin. Early podiatric preventative intervention can help reduce the risk of infection (avoiding hospital admissions) and can again minimise mobility problems/ potential delays or disruption to chemotherapy treatment.

As some cancer drugs affect blood sugar levels this can instigate or aggravate problems faced by people with diabetes, in particular numbness (neuropathy) or burning sensations (painful neuropathy) in the feet. Numbness can in turn lead to changes in their gait and mobility and increase the risk of unnoticed ulceration and infections and increase of the person's risk of falling.

Suggestions for better supporting those with mental ill health

The work of podiatrists in supporting patients to mobilise and be active is crucial in supporting the patients' mental health. In this, podiatrists can play a role in helping tackle the cause of inactivity which is a key cause of mental ill health.

Reduced mobility can increase the risk of pressure damage for those living with dementia. By identifying the national initiative CPR (Check, Protect, Refer) for feet, this can support palliative and end of life care by reducing the risk of pressure damage, by identifying early changes and enabling early interventions. When pressure damage, or other forms of tissue damage, have occurred to the feet, podiatrists can support palliative and end of life care through pain and wound management aimed at reducing further damage, healing the wound, and preventing and managing infection. Podiatrists play an important role in supporting families and carers during this time, providing emotional support, and having difficult conversations about the possible progression of an ulcerated limb.

