HEALTH AND SPORT COMMITTEE
WHAT SHOULD PRIMARY CARE LOOK LIKE FOR THE NEXT GENERATION?
SUBMISSION FROM THE COLLEGE OF PODIATRY

Considering the Health and Sport Committee’s report on the public panels, what changes are needed to ensure that the primary care is delivered in a way that focuses on the health and public health priorities of local communities?

The College of Podiatry agrees with the public panels that the way primary care is delivered requires major changes.

There are multiple challenges for the primary care system, including a shortage of GPs, an ageing population and people presenting in primary care with more complex needs due to the increasing numbers of people living with long term conditions. Scottish Government have recently published a number of policy documents including the Workforce Plan for Primary Care and the General Medical Services Contact (2018). Both of these documents discuss the critical role of Podiatrists and other Allied Health Professionals in meeting some of these challenges by supporting multidisciplinary teams in primary care to improve patient outcomes and increase capacity. However, to date, The College of Podiatry has not seen evidence of the changes that will be required for Podiatry and other Allied Health Professionals to make a full contribution to transforming primary care across Scotland.

The College’s ideas about some of the specific changes that are needed to address this are listed below.

**Access**

The traditional model of accessing primary care services, with the vast majority of people seeing a GP first before potentially being signposted or referred onto other services within primary or community care, such as podiatry, is unsustainable.

The College of Podiatry is of the belief that podiatrists should be working as first point of contact practitioners for foot, ankle and lower limb presentations. Podiatrists assess, diagnose, treat and/or provide onward referral if necessary. This would complement the multidisciplinary agenda as outlined in the Health and Social Care Workforce Plan (part 3) and the General Medical Services Contract (2018). Providing first point of contact podiatry services would increase capacity within the acute sector and follow the principles of providing care closer to home and early intervention for prevention which is contained within the Health and Social Care Partnership strategic commissioning plans. As part of this, it is important to ensure care navigation works effectively so the patient can be seen by the right person, at the right time and in the most appropriate setting.
It was interesting to read in the report from the public panels that the public have a strong desire to see the most appropriate healthcare professional for their needs. The College was especially interested to read that when survey respondents were asked “Would you like to be able to see other health professionals in primary care without going through your GP?” Podiatry was the most popular listed profession, with over 80% of men and women saying that they would like to see a Podiatrist without going through the GP first. First point of contact podiatrists are skilled in the delivery of person centred care, collaborating with individuals to find out what is important to them and what support they need to achieve their personal goals. This is something that that the public panels highlighted as important in supporting people to manage their own health and wellbeing.

At present there is a gap in podiatry first point of contact provision throughout Scotland. Whilst in some Board areas people are able to self-refer to Podiatry services, in other areas, first point of contact podiatry provision is not fully developed. Despite the Health and Social Care Workforce Plan on Primary Care (part 3) stating that podiatrists have the knowledge, skills and training to work as first point of contact practitioners within Primary Care, first point of contact roles for podiatrists within GP surgeries and other primary and community care environments have not been fully developed by Scottish Government and local Health Boards/Integrated Joint Boards. This means that in many areas, people are seeing a healthcare professional who is not a podiatrist as their first point of contact for a lower limb or foot complication, which may delay the most appropriate treatment.

The College of Podiatry agrees with the public panels that there is a need to improve the system of triage at GP surgeries. GP receptionists have a vital role in the system, acting as the primary care gatekeepers, although as non-clinicians they are not trained to triage or make referral decisions that may determine a patient’s clinical pathway. It is important that receptionists are not triaging patients, but pointing patients in the direction of the most appropriate first point of contact practitioner who can make a full assessment of clinical need.

**Workforce**

In order that people can see the most appropriate healthcare professional for their needs, it is vital that there is sufficient workforce to support this across Scotland. The College of Podiatry agrees with the public panels that there needs to be better workforce planning for workforce supply and demand.

It is important that, as well as providing sufficient workforce, the Scottish Government and Boards are committed to investing in developing the skills and knowledge of podiatrists to assume advanced and extended roles. This will reduce the burden on primary and secondary care and offer more attractive career opportunities to support recruitment and retention. The existing podiatry workforce is a good example of this.
Currently within NHS Scotland, the number of Podiatrists (WTE) is decreasing whilst vacancy rates increase.\(^1\) This is in part due to the ageing workforce and the reduction of undergraduates entering the workforce. This is a major challenge for the nations’ public health, particularly as the number of people living with long term conditions such as diabetes, rheumatoid arthritis and peripheral arterial disease, which can lead to complex foot and lower limb complications that require podiatric intervention, is rising. This is evidenced by the increasing numbers of complex caseloads being handled by Podiatry services around Scotland. For example, within NHS Greater Glasgow and Clyde, foot protection (the most complex caseload requiring the most specialist intervention) has gone from 7.5% of total cases in 2010 to 16% of total cases in 2019.\(^2\)

High vacancy rates across NHS Scotland’s Podiatry services are presenting major challenges for the delivery of services. In NHS Grampian, Aberdeen City’s NHS Podiatry Service has 10 vacancies (July 2019). It is vitally important that there is a national workforce plan in place to reverse the current trend towards a reduced NHS podiatry workforce across Scotland. The College of Podiatry is frustrated by the lack of a workforce strategy which will ensure that patient safety is enhanced not put at risk. This is vital in order to ensure that patients’ needs are met, and the high number of foot and lower limb care complications can be prevented. Alison Johnstone MSP recently tabled a Parliamentary Motion (S5M-17482) on Promoting Podiatry as a Career Choice.\(^3\) The College encourages the Committee to look at this motion and consider how the aims within the motion might be supported and achieved.

**Finance**

In order that primary care can be fully transformed by Podiatry and other healthcare professionals who make up the multidisciplinary team, Scottish Government and NHS Boards/Integrated Joint Boards need to make pump prime funding available to support the re-design of services which will improve patient outcomes and increase capacity. This would go a long way to what the public panel said about the right resources needing to be put in the right places within the primary care system.

The NICE Proven Quality and Productivity case study ‘Community triage for lower limb vascular concerns: Reducing the burden on hospitals’ is a prime example of primary care service models which can improve patient outcomes and reduce demand in both primary and secondary care. It describes a podiatry led model of care where hospital referrals for lower limb vascular conditions are reduced by providing podiatry-led vascular assessments

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2. Information received from NHS Greater Glasgow and Clyde’s Podiatry Service (24.07.2019)
in the community.\textsuperscript{4} This has model has been fully evaluated by NICE and has shown to evidence quality and produce significant cost savings to the system.

Where evidence such as this exists, money should be made available to allow such initiatives to get off the ground. It is currently very difficult for Podiatry NHS services to secure additional funding to pursue models such as Community triage for lower limb vascular concerns, which once established, will generate savings which can be reinvested in primary care. There is evidence to show that investing in community podiatry resource to develop a role to work across community musculoskeletal podiatry and secondary care orthopaedics enables people to access the most appropriate care and reduces the need for onward referral.

In NHS Shetland all Orthopaedic referrals from Primary Care are triaged by an MSK Podiatrist. This reduces the number of inappropriate referrals entering the Orthopaedic service, ensures that the referral is seen by the most appropriate clinician, reduces costs and has a positive effect on reducing waiting times for already pressured services. It also reduces time consuming and costly hospital appointments to the Scottish mainland for assessment, as cases which are not appropriate for Orthopaedic intervention are triaged appropriately in primary care by the Podiatrist.

**Technology**

The College of Podiatry agrees with the public panels that there are opportunities to improve the use of technology within primary care and also to improve data sharing between multidisciplinary teams. For podiatry, technological advances have provided the ability for NHS Boards and their podiatry services, to be connected to their health Board’s portal. There are many benefits to this including:

- The ability to receive direct referrals from GP surgeries via SCI gateway
- Access to patient medication records
- Access to patient emergency care summaries

Not all NHS podiatry services are connected to their own Health Board’s portal, which means that the benefits of portal access cannot be realised. These services are therefore reliant on email and self-referrals, and without the ability to access patient medication records which can delay treatment and prevent podiatrists from acting autonomously as they have to engage with other healthcare professionals to access the patients full health record. All NHS Podiatry services in Scotland should have access to their NHS Board’s portal which would improve communication between healthcare professionals, support patient care and improve patient outcomes.

\textsuperscript{4} Community triage for lower limb vascular concerns, Salford Royal Foundation Trust (October 2016)
We wish to see increased investment and co-ordination around technology enabled care to assist self-management, such as digital platforms for video clips which would assist patients to self-manage.

**Health and Social Care**

The College of Podiatry agrees with the public panels that there needs to be improved planning between NHS and social care.

Since the publication of the Scottish Government’s personal foot care guidelines in 2013, personal foot care has been removed from NHS Podiatry provision. This has meant that staff within care homes are responsible for delivering personal foot care to residents. It is vital that care home staff are aware of how to check, what to look for and when to refer so that patients are referred to NHS podiatry before problems occur.

Studies have demonstrated the huge value of offering personal foot care training to care home staff. In NHS Fife, when the NHS Podiatry service provided training to a particular local care home, the number of foot ulcerations in that care home reduced from 8 in 2017 to 2 in 2018. To date in 2019, there have been no foot ulcerations in the care home where staff were trained. Furthermore, the number of inappropriate referrals to the local NHS Podiatry department went from 14 in 2017 to 0 in 2018. This is an example of how improved engagement between health and social care can have really good results for patient care and also improve capacity.

The public panels stated that there needs to be improved planning between NHS and social care across Scotland. There is a need for all links between Health and Social Care to be reviewed to ensure that people living in care homes, and all other parts of the social care sector, are receiving the best quality care. The College is of the belief that there is an opportunity for links to be improved between NHS podiatry services and care homes and would like to see a joined-up approach to a continual series of training throughout Scotland.

**What are the barriers to delivering a sustainable primary care system in both urban and rural areas?**

The major barrier to delivering a sustainable primary care system is maintaining and growing the NHS podiatry workforce. As of March 2018, there was a vacancy rate of 5.4% as opposed to a vacancy rate of 1.2% at March 2013. Multiple vacancies exist across both rural and urban areas including for specialist podiatrists who are required to meet the demand of increasingly complex caseloads.

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5 K Mellon (Lead Podiatrist for Learning Disabilities and Care Homes, NHS Fife) AHP Dementia Webex, CPR for Feet, the impact of pressure ulcerations on the feet and how to reduce the risk, 24.04.2019
In order that Podiatry, as part of the multidisciplinary team, can play a full and sustainable role in supporting people’s foot and lower limb health, it is extremely important that this vacancy rate is reduced.

The College of Podiatry is very keen to work with Scottish Government, NHS Education for Scotland and other arms-length bodies to help reverse the decline in the number of podiatrists working in Scotland’s NHS.

**How can the effectiveness of multi-disciplinary teams and GP cluster working be monitored and evaluated in terms of outcomes, prevention and health inequalities?**

It is very important that the effectiveness of various interventions within primary care are understood so that it is understood what is working and what needs to change.

There needs to be a system for recording, monitoring and evaluating AHP interventions within primary care. At present, local Boards record this information but there is no national repository for this. The College of Podiatry is aware of the AHP Operational Measures project that NHS National Services Scotland is working on which will bring these local data sets together and cross reference them with other national data sets (on depravation, public health etc.). This will be very important in evaluating the impact that podiatrists and other Allied Health Professionals make within the system.

Another way of monitoring and evaluating effectiveness of various service models within primary care will be to closely monitor what impact particular models of care have on secondary care. Podiatrists provide assessment, diagnosis and treatment within the community for Peripheral Arterial Disease. Where this happens, people receive tailored treatment plans earlier, and in an evaluation of one model, only 6% of people were referred to vascular specialists within secondary care for assessment. This increases capacity in secondary care and speeds up access to vascular surgery for patients who need this most.

There are some great examples of multidisciplinary working in community care and of how this can be evaluated. For example, The Scottish Diabetes Foot Action Group (SDFAG) have developed and rolled out the CPR (Check, Protect, Refer) for feet campaign. This campaign encourages health and social care staff working across all healthcare settings to check feet for ulceration (or risk of), protect the feet if risk is identified and to refer patients with any ulceration or concerns (e.g. neuropathy) to podiatry. This ultimately ensures that patients who require clinical intervention receive this at the earliest opportunity, which prevents ulceration, disease and unnecessary amputation. In 2013 and 2019 an audit of all NHS Boards in Scotland was completed and it was found that in 2019, an increased number of patients were having their feet checked and a greater number of people with neuropathy and ulcers were being referred to podiatry. This is a brilliant example of evaluating how multidisciplinary working can improve patient care and prevent disease.

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7 Community triage for lower limb vascular concerns, Salford Royal Foundation Trust (October 2016)
Contact

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