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The COLLEGE of PODIATRY

Podiatry's role in Primary Care

Improving health outcomes and increasing capacity

How podiatrists support improved health outcomes and increase capacity within primary care

PODIATRY'S ROLE IN PRIMARY CARE

What podiatrists do

Podiatrists are the experts in all aspects of foot and lower limb structure, function and health. They are highly skilled health care professionals trained to diagnose, treat, rehabilitate and prevent disease and complications of the feet, ankles and lower limbs. They can prevent and manage foot problems, relieve pain, treat infection and support foot irregularities, to keep people of all ages mobile and active.

Podiatrists are ideally placed to use their expertise in primary care settings by developing and embedding services that extend the ability of GPs and primary care teams to provide a focus on prevention and early intervention.

Placing podiatrists at the centre of primary care settings will:

- Minimise the impact and consequence of long term conditions
- Prevent and delay onset of deterioration of chronic conditions
- Maintain and maximise mobility
- Help to reduce the number of falls
- Enable independence leading to improved quality of life and reduced social exclusion
- Reduce the need for secondary, surgical or pharmacological intervention
- Reduce hospital admissions and unnecessary hospital referrals
- Support patients living with long term conditions
- Keep people mobile and in work
- Reduce the burden on GPs and primary care teams

Non-medical prescribing

Working within primary care settings, podiatrists are competent to prescribe medicines independently, providing patients with direct access to the interventions they need. This is not only valuable to patients, but increases capacity within primary care settings by relieving pressure on GPs and primary care teams.

Podiatrists have a unique understanding of medicines management as it is a significant component of the podiatry undergraduate curriculum. Around 5000 podiatrists have access to medicines exemptions, which is a graduate qualification, and many go on to take further qualifications in supplementary and independent prescribing. Podiatrists are established non-medical prescribers and have a history of safe, effective practice.

An audit evaluating 1000+ non-medical prescribing episodes, identified that for patients seen by an allied health professional, including podiatrists, 20 per cent avoided the need for a GP appointment and 11 per cent avoided the need for a GP home visit.[1] This demonstrates the huge impact which non-medical prescribing offers.

How podiatry supports the management and treatment of musculoskeletal pain

Consultations for musculoskeletal (MSK) complaints place a significant demand on primary care services and resources. It is estimated that 20-30 per cent of all GP consultations are for MSK conditions[2] and 10 million work days are lost annually due to MSK problems. Foot and ankle pain accounts for 8 per cent of all GP MSK consultations.[3] MSK podiatry services can reduce this burden through first point of contact services, providing a comprehensive foot and ankle service. In addition, podiatrists can assess movement and structural causes of lower limb locomotor pain.

As the experts in the diagnosis and treatment of MSK conditions in the foot and lower limb, podiatrists working in primary care settings can play a major role in relieving pressure on GPs and supporting people to manage their condition so that they can recover faster and stay in work and/or return to work earlier. An example of this is plantar heel pain, which is the most common MSK lower limb/foot condition that presents to GP practices. It is often linked to occupation and increased body mass.[4, 5] Having a foot and ankle pathway led by MSK podiatrists can provide more specialist foot/ankle interventions for those who do not respond to conventional/conservative care, where further investigations and specialist treatments become necessary. For instance around 5000 podiatrists have access to corticosteroid steroids (via medicines exemptions) and around 1000 are trained to provide this therapy for painful

soft tissue and joint disorders. Providing a specialist MSK service in the community can prevent pressure on GPs and other secondary specialist services such as orthopaedics.

Podiatrists in the UK are changing the existing models of musculoskeletal practice, for example undertaking training in musculoskeletal ultrasound imaging to aid clinical decision making and guide interventions such as steroid injections and nerve blocks. Podiatrists are also providing ultrasound training and mentoring of others, as well as undertaking work to establish reliable protocols for musculoskeletal ultrasound assessment of the foot.[6, 7]

A joined up approach to MSK with podiatry at its heart increases capacity within primary care, whilst at the same time supporting individuals to adopt lifestyle changes (such as losing weight or stopping smoking), which can support the management and treatment of their condition. This supports patient wellbeing and relieves pressure on secondary care services, such as radiology and surgery.

Diabetes: Prioritising prevention through effective screening

All patients with diabetes, over 12 years old, should have their feet screened annually by a suitably trained healthcare professional.[8] At the end of the screening, the patient should be informed of their risk of developing complications such as a foot ulcer, and what they should do to prevent problems occurring. If they are at increased risk they should be referred to the community foot protection service. The College of Podiatry is concerned about the disparity of quality of foot screening within primary care. In a recent survey,[9] 32 per cent of patients with diabetes said they were not informed of their risk status at their annual foot screening. The same proportion said that they were not given advice on how to look after their feet. If a patient, who is deemed at increased risk or high risk of developing complications is not referred on to their community foot protection service, they will be at higher risk of developing a foot problem. What is not widely recognised is the high mortality rate associated with the development of foot ulcers, which is third only to pancreatic and lung cancer at five years.[10]

Working at the heart of primary care, podiatrists are perfectly placed to offer practice nurses and HCAs training, ensuring that patients receive a standardised and quality foot screening that results in both clear written and verbal education for the patient and appropriate onward referrals for foot, lower limb and cardiovascular interventions.

Peripheral arterial disease – Reducing the burden on secondary care

Peripheral arterial disease (PAD) is present in 20 per cent of people aged 60+. It is associated with mortality rates of around 30 per cent at 5 years and in its most severe form, amputation rates of 25 per cent at 1 year.[11] People with this condition are often under-diagnosed and under-treated, resulting in largely preventable mortality and amputation.[12] People presenting with suspected PAD in primary care settings are often referred unnecessarily to vascular specialists within secondary care, to establish diagnosis and severity of disease. This reduces hospital capacity to see people with urgent or severe limb-threatening disease.

Having vascular-trained podiatrists based in primary care settings allows people with suspected PAD to be assessed, diagnosed and triaged closer to home, helping to ensure that non-severe PAD receives more timely, appropriate and personalised care in the form of cardiovascular-focussed clinical management plans and freeing up capacity in secondary care for people with more severe arterial disease, who may require limb-saving vascular surgery.[13, 14] This successful approach, involving Podiatry, Vascular Team and General Practice partnerships, when implemented in large UK population areas such as Salford and Manchester, has been recognised by NICE as a model of best care. It optimises early PAD diagnosis and treatment, saves the NHS money and reduces unnecessary hospital vascular referrals (people who do not usually require vascular surgery) by around 80 per cent.[12, 13, 15]

Conclusion

Increasing numbers of people are presenting to primary care with foot and lower limb problems resulting from long term conditions including MSK conditions, diabetes and peripheral arterial disease; this is set to continue in part due

to an increase in the ageing and obesity demographic.

As highly skilled healthcare professionals, podiatrists within primary care reduce pressure on GPs through their ability to prescribe independently. This significantly reduces demand for GP appointments and home visits and provides patients with direct access to the medicines they need, when they need them.

A fully integrated primary care podiatry service can safely diagnose, manage, rehabilitate and prevent disease related complications of the feet, ankles and lower limbs, particularly around MSK, diabetes, rheumatoid conditions and peripheral arterial disease. They also have a significant role in the public health and prevention agenda specifically around falls prevention, cardio-vascular risk reduction, medicines management and reconciliation, antibiotic stewardship and keeping people mobile and active.

Podiatrists have the ability to utilise advanced diagnostic techniques including imaging and can prescribe independently, for a range of lower limb conditions saving GP time and resource.

As the experts in lower limb health and disease, Podiatrists have the requisite knowledge, skills and training to work as first point of contact practitioners in primary care.

This document demonstrates what podiatry at the heart of primary care can achieve. The College of Podiatry believes that assigning more podiatrists into primary care settings will increase the capacity of both primary and secondary care, improve health outcomes for the population, enhance patient experience and save money.

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