



## The role of podiatrists within primary care

Every Primary Care Network (PCN) should have a First Point of Contact Podiatrist. They can assess, diagnose, and instigate treatment pathways for the full range of possible foot and lower limb presentations. This avoids delayed treatment and incorrect diagnoses for the patient. It enables people to get the right treatment in the fastest time, with the most appropriate clinician, with all the supporting investigations in place. This approach streamlines a person's integrated care pathway.

**8%** of MSK-related GP consultations are for foot and ankle pain<sup>1</sup>

**6.8 million** people have cardiovascular disease. 20% of people aged 60+ in the UK are living with Peripheral Arterial Disease<sup>2</sup>

A First Point of Contact Podiatrist improves or maintains mobility, and the ability to work. It also reduces the financial burden on both primary and secondary care that comes with inappropriate and delayed treatment.

Podiatrists are experts in the diagnosis of conditions affecting the foot and lower limb. They are trained to request and interpret a range of diagnostic tests, such as imaging and blood tests, to inform diagnosis.

Within primary care, the First Point of Contact Podiatrist applies their specialist knowledge of foot and lower limb health across a broad range of clinical presentations.

**over £1 billion a year** cost of diabetic foot ulcers to the NHS, equivalent to just under 1% of the entire NHS annual budget<sup>3</sup>

This includes musculoskeletal, cardiovascular, neurological, dermatological presentations, as well as a focus on conditions that present in children and young people, and the older adult.



First Point of Contact Podiatrists also contribute to the support of people living with multiple long-term conditions impacting lower limb health or mobility.

**4.9 million** people in UK have diabetes<sup>4</sup>

They help them to access appropriate care and take a clinical lead or supervisory role within PCN teams. With an ageing population and an increasing public health epidemic of cardiovascular disease, diabetes, and obesity, the First Point of Contact Podiatrist plays an essential leadership role. This role includes anticipatory care, disease prognosis and monitoring, care coordination, and personalised care planning to reduce amputation risk and enhance active living.

# The Podiatrist's skill set

- ▶ Musculoskeletal assessment and diagnosis
- ▶ Gait analysis and biomechanical movement assessment
- ▶ Neurological and complex pain assessment
- ▶ Vascular assessment (visual/doppler/ ABPI / TBPI)
- ▶ Dermatology assessment (Dermatoscope / minor skin surgery)
- ▶ Diagnostic imaging and investigations (ordering and interpretation)
- ▶ Medicines management – including POMs / Supplementary prescribing/ Independent prescribing
- ▶ Injection therapy of the foot and ankle
- ▶ Acute wound care
- ▶ Frailty and falls prevention, promotion of physical activity

## Further reading

### First Contact Practitioners and Advanced Practitioners in Primary Care: (Podiatry) A Roadmap to Practice

[www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/ahp-roadmaps/first-contact-practitioners-advanced-practitioners-roadmaps-practice](http://www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/ahp-roadmaps/first-contact-practitioners-advanced-practitioners-roadmaps-practice)

### Podiatrists as First Contact Practitioners

[www.rcpod.org.uk/the-college/position-statements/podiatrists-as-first-contact-practitioners](http://www.rcpod.org.uk/the-college/position-statements/podiatrists-as-first-contact-practitioners)

Lower limb complications reduce mobility, physical activity, and workability, significantly impacting overall health and wellbeing.

Prevention of lower limb complications is in line with key national policy, to make significant contribution to public health and economic sustainability of the NHS.

Request for podiatric consultation is the third most common referral made by GPs.<sup>5</sup>

**13.6 million** are at risk of developing Type 2 Diabetes<sup>4</sup>

Healthcare cost savings have been demonstrated in pilot service models that include a First Point of Contact Podiatrist.



# 2%-3%

of people with diabetes are living with active foot ulceration<sup>6</sup>

Just under **9,000**

major diabetic lower limb amputations were reported in England between 2017 to 2020<sup>3</sup>

**2.5** times the mortality at 5 years for a person with a diabetic foot ulcer 2.5 times as high as the risk for a person with diabetes who does not have a foot ulcer<sup>7</sup>

1. Menz HB et al. Characteristics of primary care consultations for musculoskeletal foot and ankle problems in the UK. *Rheumatology* 2010; 49(7): 1391–1398.
2. Public Health England. 2019. Health Matters: Preventing Cardiovascular Disease.
3. NHS Resolutions 2022. Diabetes and Lower Limb complications – A thematic review of clinical negligence claims.
4. Diabetes UK. 2020. Diabetes Statistics. <https://www.diabetes.org.uk/professionals/position-statements-reports/statistics>.
5. Ferguson R et al. Encounters for foot and ankle pain in UK primary care: a population-based cohort study of CPRD data. *Br J Gen Pract*. 2019 Jun;69(683):e422-e429.
6. Lim, J., Ng, N., Thomas, C 2017. 'Prevention and treatment of diabetic foot ulcers'. *Journal of the Royal Society of Medicine*; 0(0): pp 1–6.
7. Walsh JW, et al. Association of diabetic foot ulcer and death in a population-based cohort from the United Kingdom. *Diabet Med*. 2016 Nov;33(11):1493e1498.



[rcpod.org.uk](http://rcpod.org.uk)



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