

Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chwched Senedd](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)

HSC PSS 95

Ymateb gan: | Response from: Coleg Brenhinol Podiatreg | Royal College of Podiatry



Question 1: Initial priorities identified by the Committee

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

Q1. Which of the issues listed above do you think should be a priority, and why?

You can comment on as many or few of the issues as you want.

In your answers, you might want to think about:

- What impact or outcomes could be achieved through any work by the Committee?
- How the Committee might address the issue?
- When any Committee work should take place?
- Whether there are any specific groups, communities or stakeholders that the Committee should involve or hear from in any work?

The Royal College of Podiatry agrees with the priorities listed above. Out of all of these issues, we see the Health and Social Care workforce, and public health and prevention, as the most urgent priorities.

Health and Social Care workforce

We would like to see the Health and Social Care Committee influencing Welsh Government and Health Education and Improvement Wales to produce a co-ordinated plan for the sustainability of the podiatry profession across Wales. The outcomes that we would like to see include development of alternative routes to training Podiatry in Wales. Currently there is only one way to become a Podiatrist in Wales which is to study the undergraduate programme at Cardiff Metropolitan University. This makes it difficult for potential students from outside South-East Wales to study, and in particular affects potential mature students. We would like to see the development of a degree apprenticeship for Podiatry, as well as the setting up of alternative undergraduate entry routes, for example in North Wales, through the setting up of hub and spoke podiatry degree courses.

Public Health and Prevention

Podiatry has a vital role to play in public health and prevention. The demand for Podiatry services amongst the Welsh population is increasing as the number of people developing foot and lower limb complications linked to long term conditions and co-morbidities rises. At the same time, the numbers of Podiatrists working in the NHS is decreasing. This is leading to increased waiting times to access NHS Podiatry

services, especially for people with non-acute injuries, meaning opportunities to provide early intervention to keep local populations healthy, mobile and active are being missed.

It is vital that Podiatry services are sufficiently resourced, so they fully meet the foot and lower limb health needs of their local populations. Podiatrists should be placed within appropriate clinical areas and integrated into multidisciplinary pathways within the Health and Social Care system so that patients can see Podiatrists, in the right place at the right time. In practice, this means that patients should have timely access to Podiatry in primary and community care, who have the requisite skills and knowledge to work as first point of contact practitioners, this reduces delays in treatment and increases preventative interventions.

In order that the above can happen, both the Strategic Programme for Primary Care in Wales and Regional Partnership Boards will be important stakeholders which the Committee may like to hear from. The Committee may like to examine the operation of cluster model in Wales which has been tricky for Allied Health Professionals to navigate for the following reasons:¹

- There is a lack of awareness of what AHPs do, leading to AHPs being used inappropriately within the cluster system.
- Within the cluster model, individual AHPs are often expected to provide complex services all under one roof. Very few AHPs can provide all of these services as individuals specialise in different areas.
- Many AHP services are too small to be divided into clusters, which leads to a dilution of the service. Cluster working is supposed to be about integrated MDT working but often leads to clinicians feeling isolated without the clinical support mechanisms around them to support patients.
- The links between clusters and community resource teams (CRTs) are pivotal for effective integration, however in some areas these links are stronger than in others, which leads to a disparity across Wales.
- Clusters do not operate consistently throughout Wales. They all have their own individual interests. Some clusters invite AHPs, whilst some do not.
- Clusters allocate money to time limited projects. However, there is never any budget for the Health Board to take these over at the end of the agreed cluster period. So, the service stops, even if proved successful, which is hugely frustrating for clinicians and patients alike.

The Committee may like to consider working with stakeholders named above to identify some solutions to these challenges.

¹ Evidence from Welsh Policy Officers Group to Strategic Programme for Primary Care Consultation on Clusters (December 2020)

Mae Coleg Brenhinol Podiatreg yn cytuno â'r blaenoriaethau a restrir uchod. O'r holl faterion hyn, rydym yn gweld y gweithlu lechyd a Gofal Cymdeithasol, ac iechyd ac atal y cyhoedd, fel y blaenoriaethau mwyaf brys.

Gweithlu lechyd a Gofal Cymdeithasol

Hoffem weld y Pwyllgor lechyd a Gofal Cymdeithasol yn dylanwadu ar Lywodraeth Cymru ac Addysg a Gwella lechyd Cymru i gynhyrchu cynllun cydgysylltiedig ar gyfer cynaliadwyedd y proffesiwn podiatreg ledled Cymru. Mae'r canlyniadau yr hoffem eu gweld yn cynnwys datblygu llwybrau amgen i hyfforddi Podiatreg yng Nghymru. Ar hyn o bryd dim ond un ffordd sydd i ddod yn Podiatrydd yng Nghymru sef astudio'r rhaglen israddedig ym Mhrifysgol Metropolitan Caerdydd. Mae hyn yn ei gwneud hi'n anodd i ddarpar fyfyrwyr o'r tu allan i Dde-ddwyrain Cymru astudio, ac yn benodol mae'n effeithio ar ddarpar fyfyrwyr aeddfed. Hoffem weld prentisiaeth gradd yn cael ei datblygu ar gyfer Podiatreg, yn ogystal â sefydlu llwybrau mynediad israddedig amgen, er enghraifft yng Ngogledd Cymru, trwy sefydlu cyrsiau gradd podiatreg hwb a siarad.

Iechyd ac Atal y Cyhoedd

Mae gan podiatreg ran hanfodol i'w chwarae ym maes iechyd ac atal y cyhoedd. Mae'r galw am wasanaethau Podiatreg ymhlith poblogaeth Cymru yn cynyddu wrth i nifer y bobl sy'n datblygu cymhlethdodau traed ac aelodau isaf sy'n gysylltiedig â chyflyrau tymor hir a chyd-forbidrwydd gynyddu. Ar yr un pryd, mae nifer y Podiatryddion sy'n gweithio yn y GIG yn gostwng. Mae hyn yn arwain at amseroedd aros cynyddol i gael mynediad at wasanaethau Podiatreg y GIG, yn enwedig i bobl ag anafiadau nad ydynt yn aciwt, sy'n golygu bod cyfleoedd i ddarparu ymyrraeth gynnar i gadw poblogaethau lleol yn iach, yn symudol ac yn egniol yn cael eu colli.

Mae'n hanfodol bod gan wasanaethau Podiatreg ddigon o adnoddau, fel eu bod yn diwallu anghenion iechyd traed ac aelodau isaf eu poblogaethau lleol yn llawn. Dylid gosod podiatryddion o fewn meysydd clinigol priodol a'u hintegreiddio i lwybrau amlddisgyblaethol o fewn y system lechyd a Gofal Cymdeithasol fel y gall cleifion weld Podiatryddion, yn y lle iawn ar yr adeg iawn. Yn ymarferol, mae hyn yn golygu y dylai cleifion gael mynediad amserol i Podiatreg mewn gofal sylfaenol a chymunedol, sydd â'r sgiliau a'r wybodaeth ofynnol i weithio fel ymarferwyr pwynt cyswllt cyntaf, mae hyn yn lleihau oedi wrth drin ac yn cynyddu ymyriadau ataliol.

Er mwyn i'r uchod ddigwydd, bydd y Rhaglen Strategol ar gyfer Gofal Sylfaenol yng Nghymru a Byrddau Partneriaeth Rhanbarthol yn rhanddeiliaid pwysig yr hoffai'r Pwyllgor glywed ganddynt. Efallai yr hoffai'r Pwyllgor archwilio gweithrediad model clwstwr yng Nghymru sydd wedi bod yn anodd i Weithwyr Proffesiynol Perthynol i Llywio am y rhesymau a ganlyn:[1]

- Mae diffyg ymwybyddiaeth o'r hyn y mae AHP yn ei wneud, gan arwain at ddefnyddio AHPau yn amhriodol yn y system glwstwr.

· O fewn y model clwstwr, yn aml mae disgwyl i AHPau unigol ddarparu gwasanaethau cymhleth i gyd o dan yr un to. Ychydig iawn o AHPau sy'n gallu darparu'r holl wasanaethau hyn gan fod unigolion yn arbenigo mewn gwahanol feysydd.

· Mae llawer o wasanaethau AHP yn rhy fach i'w rhannu'n glystyrau, sy'n arwain at wanhau'r gwasanaeth. Mae gweithio clwstwr i fod i ymwneud â gweithio MDT integredig ond yn aml mae'n arwain at glinigwyr yn teimlo'n ynysig heb y mecanweithiau cymorth clinigol o'u cwmpas i gefnogi cleifion.

· Mae'r cysylltiadau rhwng clystyrau a thimau adnoddau cymunedol (CRTs) yn ganolog ar gyfer integreiddio effeithiol, ond mewn rhai ardaloedd mae'r cysylltiadau hyn yn gryfach nag mewn eraill, sy'n arwain at wahaniaeth ledled Cymru.

· Nid yw clystyrau'n gweithredu'n gyson ledled Cymru. Mae gan bob un ohonynt ei ddiddordebau unigol ei hun. Mae rhai clystyrau yn gwahodd AHPau, tra nad yw rhai yn gwneud hynny.

· Mae clystyrau yn dyrannu arian i brosiectau â therfyn amser. Fodd bynnag, nid oes unrhyw gyllideb i'r Bwrdd Iechyd gymryd y rhain drosodd ar ddiwedd y cyfnod clwstwr y cytunwyd arno. Felly, mae'r gwasanaeth yn stopio, hyd yn oed os yw'n llwyddiannus, sy'n rhwystredig iawn i glinigwyr a chleifion fel ei gilydd.

Efallai yr hoffai'r Pwyllgor ystyried gweithio gyda rhanddeiliaid a enwir uchod i nodi rhai atebion i'r heriau hyn.

Question 2: Key priorities for the Sixth Senedd

Q2. In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to:

- a)** health services;
- b)** social care and carers;
- c)** COVID recovery?

You can comment on as many or few of the issues as you want.

In your answers, you might want to think about:

- What impact or outcomes could be achieved through any work by the Committee?
- How the Committee might address the issue?
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a) Health services

b) Social care and carers

c) COVID recovery

Following the pandemic there are extreme demands on health services, with waiting lists for treatment longer than ever before. The Royal College of Podiatry can demonstrate that Podiatry services can help clear the backlog and improve waiting times, for example by treating people closer to home in the community.

For example, patients who present in primary care with a pain in their lower leg are often referred to vascular department in Acute with suspected Peripheral Arterial Disease (PAD). Instead of the GP picking this up and referring to vascular surgery, what would be more advantageous for the health service and the patient would be for that individual to be referred or signposted to a vascular podiatrist in the community who could assess, diagnose and if required treat PAD. In the case of severe PAD, immediate onward referral for a vascular surgical opinion is appropriate. Most people with mild-to moderate-severity PAD can be managed with conservative treatment, focused on cardiovascular risk reduction, within the Community. For those people with non-severe PAD, an initial individual tailored management plan is agreed. This should include a structured exercise programme to increase their walking distance, along with a cardiovascular medicines

review/GP recommendations for drug therapy (such as antihypertensives, lipid regulators or antiplatelet therapy) plus referrals to smoking cessation and weight management support as necessary, in line with NICE guidelines for PAD.

Where this happens, people receive tailored treatment plans earlier, and there is a >90% drop in the number of people who are unnecessarily referred to vascular specialists within secondary care for assessment.²

In order that these pathways can be established it will be critical that podiatry services are provided with the investment to fund vascular posts. This money would be well spent as it would free up vascular surgeons to deal with priority cases and also reduce waiting times, allowing people to be assessed, diagnosed and treated closer to home. It is essential that money which is used to support these pathways is permanent and sustainable.

Yn dilyn y pandemig mae galwadau eithafol ar wasanaethau iechyd, gyda rhestrau aros am driniaeth yn hirach nag erioed o'r blaen. Gall Coleg Brenhinol Podiatreg ddangos y gall gwasanaethau Podiatreg helpu i glirio'r ôl-groniad a gwella amseroedd aros, er enghraifft trwy drin pobl yn agosach at adref yn y gymuned.

Pan fydd hyn yn digwydd, mae pobl yn derbyn cynlluniau triniaeth wedi'u teilwra'n gynharach, ac mae gostyngiad o > 90% yn nifer y bobl sy'n cael eu cyfeirio'n ddiangen at arbenigwyr fasgwlaidd o fewn gofal eilaidd i'w hasesu.^[2]

Er mwyn gallu sefydlu'r llwybrau hyn, bydd yn hanfodol bod gwasanaethau podiatreg yn cael y buddsoddiad i ariannu swyddi fasgwlaidd. Byddai'r arian hwn yn cael ei wario'n dda gan y byddai'n rhyddhau llawfeddygon fasgwlaidd i ddelio ag achosion â blaenoriaeth a hefyd yn lleihau amseroedd aros, gan ganiatáu i bobl gael eu hasesu, eu diagnosio a'u trin yn agosach i'w cartref. Mae'n hanfodol bod arian a ddefnyddir i gynnal y llwybrau hyn yn barhaol ac yn gynaliadwy.

² Community triage for lower limb vascular concerns: reducing the burden on hospitals, (October, 2016), Salford Royal Foundation Trust

Question 3: Any other issues

Q3. Are there any other issues you wish to draw to the Committee's attention?

Student Streamlining Scheme

The Committee may be aware of Health Education and Improvement Wales streamlining process,³ which has been established for student nurses, healthcare science and allied health professional graduates.

The purpose of the streamlining process is to match students who have received a healthcare bursary to jobs within Health and Social Care across Wales. There are a number of concerns that stakeholders including the AHP Welsh Policy Officers Group, of which The Royal College of Podiatry is part, have regarding this process. These include Boards being prevented from employing graduates from outside Wales, including those who may be Welsh speakers or have family ties to Wales. This is a particular problem for Betsi Cadwaladr Health Board in North Wales, who currently recruit Podiatry students from Salford University, which is their closest training provider.

It has recently been confirmed by HEIW that Podiatry will come into the streamlining process. Given the significant workforce shortages for Podiatry in Wales, The Royal College of Podiatry is concerned that the Student Streamlining Scheme will compound the problems for recruitment of NHS Podiatrists across Wales.

We would welcome the Committee looking into the Student Streamlining Scheme to consider if it is an appropriate solution to the challenges of AHP recruitment in Wales, and to investigate whether this one size fits all approach is damaging to particular professions, including Podiatry.

Cynllun Symleiddio Myfyrwyr

Efallai y bydd y Pwyllgor yn ymwybodol o broses symleiddio Addysg Iechyd a Gwella Cymru,^[3] sydd wedi'i sefydlu ar gyfer myfyrwyr sy'n nyrsio, gwyddonwyr gofal iechyd a graddedigion proffesiynol iechyd cysylltiedig.

Pwrpas y broses symleiddio ywparu myfyrwyr sydd wedi derbyn bwrsariaeth gofal iechyd â swyddi ym maes iechyd a Gofal Cymdeithasol ledled Cymru. Mae nifer o bryderon sydd gan randdeiliaid gan gynnwys Grŵp Swyddogion Polisi Cymru AHP, y mae Coleg Brenhinol Podiatreg yn rhan ohonynt, ynglŷn â'r broses hon. Mae'r rhain yn cynnwys Byrddau yn cael eu hatal rhag cyflogi graddedigion o'r tu allan i Gymru, gan gynnwys y rhai a allai fod yn siaradwyr Cymraeg neu sydd â chysylltiadau teuluol â Chymru. Mae hon yn broblem benodol i Fwrdd Iechyd Betsi Cadwaladr yng Ngogledd Cymru, sydd ar hyn o bryd yn recriwtio myfyrwyr Podiatreg o Brifysgol Salford, sef eu darparwr hyfforddiant agosaf.

Yn ddiweddar, cadarnhawyd gan HEIW y bydd Podiatreg yn dod i mewn i'r broses symleiddio. O ystyried y prinder sylweddol yn y gweithlu ar gyfer Podiatreg yng Nghymru,

³ <https://nwssp.nhs.wales/ourservices/employment-services/student-streamlining-scheme/>, Viewed on 15/09/2021

mae Coleg Brenhinol Podiatreg yn poeni y bydd y Cynllun Symleiddio Myfyrwyr yn gwaethygu'r problemau ar gyfer recriwtio Podiatryddion y GIG ledled Cymru.