

Written evidence submitted by The College of Podiatry (WBR0098)

The College of Podiatry response to the Health and Social Care Committee's request for evidence to the inquiry on workforce burnout and resilience in the NHS and social care

About the College of Podiatry

The 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. The College of Podiatry welcomes this opportunity to submit evidence to the Health and Social Care Committee's inquiry workforce burnout and resilience in the NHS and social care.

What Podiatrists do

Podiatrists are experts in all aspects of foot and lower limb function and health. They are highly skilled healthcare professionals trained to diagnose, treat, rehabilitate, and prevent anomalies of the feet, ankles and lower limbs. They also prevent, manage and correct foot irregularities, relieve pain, treat infection, and keep people of all ages mobile and active. Podiatry is vital in preventing more debilitating and costly conditions, such as diabetes-related foot disease.

Podiatrists work in both the NHS and independent practice to ensure that those with complex co-morbidities including diabetes, rheumatic disease and vascular disease, which can lead to lower limb complications, remain fit, healthy and mobile, through reduction in musculoskeletal pain and prevention of ulceration and amputation.

Context

During the COVID-19 pandemic the College of Podiatry has maintained close contact with its members across the UK, to assess the impact of the pandemic on the podiatry workforce. Some of the written evidence below includes anonymised quotes from the College's members in response to a call out to gain a greater understanding of the situation.

How resilient was the NHS and social care workforce under pre-COVID-19 operating conditions, and how might that resilience be strengthened in the future?

NHS Podiatry services were already dealing with multiple challenges prior to COVID-19, which were negatively impacting workplace conditions and requiring the podiatry workforce to be especially resilient. This included:

- A rise in demand due to the numbers of people living with long term conditions which affect the foot and lower limbs.
- A declining workforce to deal with this rise in demand due to the age profile of the podiatry workforce and the lack of graduates coming through to replace those who are leaving NHS Trusts.
- Pressure to do more with less after cuts to NHS Podiatry services within various NHS Trusts.

These challenges were taking up resilience capacity amongst staff, meaning when the pandemic hit, there was little reserve to fall back on. So that resilience can be strengthened amongst NHS Podiatry staff it will be important to:

- Invest in the podiatry workforce at all levels to ensure a healthy pipeline of graduates into the profession allowing for manageable workload for all NHS podiatry staff.
- Ensure podiatry services are funded appropriately so the workforce has support from their managers and colleagues, appropriate CPD opportunities (and time to access this) and adequate resources (for example, technology) to be able to do their job effectively and efficiently.

What has the impact of the COVID-19 pandemic been on resilience, levels of workforce stress, and burnout across the NHS and social care sectors?

As identified by the Covid-19 Stress and Health Study,¹ people have experienced significantly more stress, anxiety and depression since lockdown began, including podiatrists working in the NHS. This has led to higher levels of workforce stress and burnout. This workforce stress manifests itself in a variety of different ways, and some examples of these are below:

- Additional levels of anxiety within NHS Podiatry teams. One of our members' reports: *"I myself have struggled so much with my anxiety throughout the COVID 19 pandemic that is currently happening and I have had times where I have had to ask my manager if I could go home and use annual leave as I couldn't cope in those instances."*
- Podiatrists report spending long periods of time on the phone with patients who offload multiple medical problems to podiatry teams as they are unable to speak to other healthcare professionals. This provides additional workload and source of stress. Many of these patients are struggling, with reports of patients *"breaking down in tears mainly due to loneliness but some in frustration at not being able to access social or NHS services."*
- Podiatrists from some Trusts have reported additional levels of workforce stress brought about by themselves, or their colleagues, contracting COVID and experiencing the negative effects of long COVID. Some of these podiatrists have reported that they do not feel they are getting the support that they need from their managers to cope with the physical and emotional effects of this. One of our members explains how this has affected them: *"When I came back after nearly 5 weeks off with COVID one colleague in my team had decided to leave and another retired, and the manager decided to move another colleague over to another team 4 days a week to cover for someone who had left podiatry to go and work in a completely different department. Thus, we were a team of 5 whole-time equivalent down to 2.8 whole-time equivalent at a point at which the work demands were starting to increase and I was still not at full capacity health-wise."*
- Furthermore, some podiatrists report that their health and wellbeing is not dealt with by some Trusts on an equitable basis. One of our members reported, *"the focus is on the hospital and very little on community staff, and this is adding to more staff burnout in the community podiatry roles."* They also added that *"I was very disheartened by the fact that I didn't qualify for a test because I didn't work in the hospital making me feel like an outsider and (that I) have no value to the trust."*

- One manager reported that *“...we have a situation where staff were not happy prior to COVID and are now being pushed to the limits of what they are employed to do in the name of COVID, with a certain amount of emotional pressure to do all they can and more.”*
- One repeated theme was the extra workload on clinicians due to sickness and shielding
- Podiatrists have also reported that wearing full PPE for long periods is taking a physical toll, leading to further stress. For example, one of our members reported, *“wearing the masks and visors is very new and actually extremely uncomfortable (steaming up, becoming hot, reduced opportunity for having a drink, the dry air passing through the masks causing tickly coughs and discomfort, affecting skin with acne and also little abrasions to the nose where the mask rubs to name a few).”*
- A podiatrist reported that *“Dealing with patient emotional stress is enormous and I have had several patients break down in tears mainly due to loneliness but some in frustration at not being able to access social or NHS services.”*

The impact of this added workforce stress brought about by COVID-19 is that a number of podiatry staff are currently on leave due to stress, and others are accessing formal support for their mental health directly due to stress and anxiety brought about by working in the NHS during the COVID-19 pandemic.

One of our members responding to our call reported that due to the stress brought about by the COVID-19 pandemic, they are *“making plans to leave the NHS permanently in the next 12 to 18 months.”* Given the low numbers of podiatrists working in the NHS relative to patient need, this is extremely worrying feedback.

A podiatry manager reported that in one NHS Trust alone, two podiatrists went on sick leave due to stress from the COVID-19 pandemic, one podiatrist handed their notice in and at least three podiatrists have accessed formal support for their mental health directly due to stress and anxiety caused by working in the NHS during the COVID-19 pandemic.

Our members have reported seeing effects of the stress from working in the NHS during the pandemic on their colleagues, as well as themselves. One member reported that during the pandemic their colleague’s OCD became heightened and they were visibly stressed for many months. Whilst other colleagues became tearful and emotional, some disconnected generally.

What is the current scale of workforce burnout across NHS and social care? How does it manifest, how is it assessed, and what are its causes and contributing factors? To what extent are NHS and care staff able to balance their working and personal lives?

From the feedback received, we are of the belief that the scale of workforce burnout amongst podiatry staff is significant. In making this judgement, we have to be mindful that those experiencing workforce burnout are more likely to complete and return a survey on this topic than others. However, with one podiatry manager reporting that five members of their team have been negatively affected to the point that they are on sick leave due to stress, accessing formal mental health support and/or leaving the Trust altogether, this gives the College significant cause for concern.

As well as survey data, the College, which is also a Trade Union, has a network of Trade Union Representatives within each NHS Trust. Their close professional relationships provide the College with an additional layer of understanding on this. Our Trade Union representatives report that before the pandemic, workforce stress leading to burnout was significant. The pandemic has exacerbated this and is ultimately causing some podiatrists to leave the NHS.

In terms of balancing working and personal lives, podiatrists are reporting an increased workload due to the pandemic to the extent that some are taking work home with them in the evening. One of our members reported to us: *"I am spending around 2 hours each night overtime to keep up to date with the paperwork that is required."*

What are the impacts of workforce burnout on service delivery, staff, patients and service users across the NHS and social care sectors?

For staff, health and wellbeing are affected which can be extremely distressing. Staff with existing mental health challenges can be severely impacted by burnout. HCPC registered staff have a professional and regulatory requirement to keep up with continuous personal development. The extra pressures brought about by the pandemic have meant keeping up with CPD has been additionally challenging, which is a further example of workforce stress. Ultimately, if these pressures become too much to bear staff may choose to leave the service, which would have a severely negative impact, not only for them personally, but also for their patients and colleagues.

When people experience burnout, this can affect patients and services in multiple ways. Workforce burnout can in some instances reduce collaboration across healthcare disciplines. One of our members reported that during the pandemic, *"Other disciplines are no longer as cooperative as we are all trying to protect our own ability to cover the work that is expected and needed."* Less collaboration means less innovation, and the patient may miss out on the clinical benefits brought about by strong multidisciplinary working.

One piece of feedback referred to the fact that they were currently unable to practice as a preventative service because of the COVID restrictions. That they have become a reactive service has meant that they are now dealing with a greater number of, and more severe foot complications than usual. This is clearly an unsustainable model which is likely to have a major impact upon patient care and overall costs to the NHS.

One theme that recurred was although some podiatrists should have been shielding, they remained in work out of a duty of care to their patients and colleagues, despite the risk to themselves.

We also received feedback of great collaboration between professions in some areas. One podiatrist said that *"...at the beginning of the covid lockdown I was enjoying the challenges of service redesign and felt proud to be part of the team that was helping to keep patients out of hospital. The removal of targets and excessive paperwork allowed us to work more closely with colleagues from other disciplines to focus on patients. The paperwork gradually began to increase, and now I am spending around 2 hours each night overtime to keep up to date. Other disciplines are*

no longer as cooperative as we are all trying to protect our own ability to cover the work that is expected and needed.”

What long term projections for the future health and social care workforce, are available, and how many more staff are required so that burnout and pressure on the frontline are reduced? To what extent are staff establishments in line with current and future resilience requirements?

As the professional body and trade union for podiatrists, we are extremely concerned that not enough podiatrists are being trained every year in England (and across the UK) to replace the numbers of podiatrists who are leaving the profession and to meet the increasing podiatric need amongst the population brought about by the increased number of people living with long term conditions which affect the feet and lower limbs. Over the next decade, there will need to be a significant investment in podiatry education to increase the number of training places, if we are to prevent a severe workforce decline.

It is too early to understand exactly how many podiatrists have left the NHS during the pandemic. However, from the survey evidence we have, we expect this to be a significant problem and will need to account for this in future workforce planning numbers. There should also be every effort made to encourage these podiatrists to return to the NHS at some point in the future through targeted and supportive return to practice schemes.

To what extent are there sufficient numbers of NHS and social care professionals in training for service and resilience planning? On what basis are decisions made about the supply and demand for professionals in training?

The College of Podiatry does not currently hold data on this, so it is difficult to make an evidenced-based judgement. We are in the process of developing workforce forecasts and sector requirements and will be happy to share this with the Committee on publication.

Will the measures announced in the People Plan so far be enough to increase resilience, improve working life and productivity, and reduce the risk of workforce burnout across the NHS, both now and in the future?

The measures in the People Plan do go some way towards addressing this. In particular, the commitment on all new posts from January 2021 being advertised as flexible working posts, will support podiatrists to juggle work and family life more effectively. We would like to see this flexibility extended to all existing staff too, wherever possible.

However, we are concerned about the lack of detail, particularly around investment in the podiatry workforce. We believe that it is essential to grow the NHS podiatry workforce to meet the increasing needs of the population. Without this investment, NHS podiatry will continue to be underfunded and under-resourced. This will continue to be a significant source of stress for staff and ultimately will be responsible for more instances of workforce burnout.

What further measures will be required to tackle and mitigate the causes of workforce stress and burnout, and what should be put in place to achieve parity for the social care workforce?

There needs to be parity of esteem for all colleagues working within NHS and social care.

As mentioned above (in the answer to question 2), some of our members have reported that their wellbeing, in their view, was taken less seriously because they are based in a community rather than a hospital setting. In one example, a podiatrist was denied access to a COVID test, which was a significant source of stress for them. This inequity across the whole health and social care ecosystem needs to be addressed and eliminated. A way of achieving this is to ensure that the same criteria is used for enabling NHS and social care staff access to COVID tests.

The College of Podiatry

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¹ COVID-19 pandemic significantly increased anxiety and depression in the UK. 16 September 2020. King's College London. Viewed 27/10/2020 <https://www.kcl.ac.uk/news/covid-19-pandemic-significantly-increased-anxiety-and-depression-in-the-uk>

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