**Can you tell me about yourself and your role?**

My name is Claire and I am the deputy head of profession for Podiatry NHS Lanarkshire with a clinical background as an advanced practitioner in diabetes. I moved from an acute setting into the community, then to high risk wound care. I am interested in public health and the wider determinants of health, although I am not sure of how to progress that agenda based on where I work. I work mainly in North Lanarkshire an area of high deprivation and child poverty.

Prior to the pandemic, the NHS Lanarkshire Podiatry services had an input into schools in the form of class presentation and group chats. This was aimed at primary and secondary aged children and we taught them the basics of how to look after their feet, appropriate footwear types for daily use and for sporting activities and helping to highlight the profession to them at an early stage to get young people thinking about perhaps coming in to the health service and specifically Podiatry. We hope to resume this service once it is safe to do so.

**What is the patient demography in your area of work?**

The demography has changed a lot in the last 10 years. It used to be older adults (aged 60+ years) with long term conditions, but with the increased prevalence of long-term conditions, we now see a lot of people in their 30s and 40s. These young adults are presenting with foot ulceration that we didn't previously see and not just in people with diabetes but also people with vascular problems, obesity, and rheumatologic conditions. The demographics certainly changed to a younger cohort of adults, but it's still mainly adults.

**How is the service managing with the service users demographic changes?**

Because of the number of wound cases, there has to be a trade off of what we provide as a service, we have got a workforce and we have only got so many over that workforce to provide the care that is needed. So the focus is on higher end wound care, so whatever capacity is left is allocated to MSK, nail surgery, electro-surgery, and what we used to call routine Podiatry. Our overall aim is to encourage self-care and keep the population mobile.

**How does your profession approach or integrate health improvement within the practice?**

We follow a holistic approach and adopt the ‘every contact count approach’. So, when we see patients we consider their living conditions and their life circumstances and how this impacts on their health and not just their feet. We also provide alcohol brief intervention screening services for patients who are ready to make that change. The alcohol brief intervention is part of the NHS Lanarkshire agenda/target, so all patient facing staff got trained to enable them provide alcohol screening and also screening for anxiety and depression and signposting people for help.

We are heavily invested in screening. As part of the vascular assessments, podiatrists are well placed to identify undiagnosed atria fibrillation and would refer to the GP in for further investigation and treatment. The multi-disciplinary care approach and screening for diabetic foot aims to prevent amputation and obviously save lives. I believe that all these actions/services provided, hopefully contributes towards the public health agenda. The kind of realistic medicine agenda certainly comes into play with that aspect.

We use motivational interviewing to encourage behavioural changes in patients based on their own goals and health. There are ongoing research and collaboration with Glasgow Caledonian University on the use of motivational interviewing in community settings and not just for people with conditions such as diabetes. Using the patient centred care approach we have identified people with needs and try to facilitate/advocate for them to get assistance, whether it is from social work. Our staffs’ wants to feel more confident about things like the benefit system, to make sure that people are getting informed of what they access and try helping people can understand what they are able to access and what it is actually used for.

Sometimes when you have got people whose goal is to remain in work, and because work is good for you financially and mentally, and gives you a purpose in life, we can help facilitate that.

**Can you give examples of how your profession might support health protection for example infection control?**

Speaking about infection control and prevention, we have some podiatrists who are medical prescribers and antimicrobial stewardship is extremely important for public health generally because as we know, antibiotics need to be used appropriately for the right period of time, otherwise we're going to have a big public health crisis down the road. There is a need for assurance that AHPs are prescribing appropriately at the right time and that we are safeguarding antibiotics for when we truly need them.

**Are there any challenges or obstacles for Podiatrists in championing public health in practice?**

The multi-disciplinary approach to diabetes care management helps patient to manage their condition and live longer and healthier. This is sometimes difficult for practitioners who work alone and who might lose sight of their role within the whole integrated health agenda.

Another challenge we have as podiatrists is measuring the impact of the interventions or treatments provided. We don't think about it as being something out of the ordinary, and in other times it's because we are not sure what the best tools are to meaningfully do that. So, we are unable to demonstrate the impact on the public health agenda because we don't have any measurement of it.

I believe the pandemic has highlighted public health teams very much but there is a general lack of awareness of the wider public health agenda within the AHPs and how we can meaningfully improve our practice, or the knowledge of career opportunities for us in public health.

**How was your profession affected by the pandemic?**

There has been a disruption in the services the podiatry team provided and we have had to focus on high risk wound care and critical care. Some staff had to be redeployed to vaccination service which contributed towards the wider public health agenda. We have worked closely with the district nurse colleagues in terms of trying to take some of the burden off of them and taking on their patients with leg wounds. The downside is that we have a backlog of patients waiting for our services.