

Memorandum of Understanding

Between the College of Podiatry (CoP) and the Vascular Society (VS)

Our common interest

We have a common interest in the early diagnosis, best clinical treatment and the delivery of excellent services for people with lower limb peripheral arterial disease (PAD). Our joint intent is to support the delivery of care of the highest quality to all people with PAD that our members see. Our memberships are committed to delivering this and we are keen to work together to support this aim.

Our common aims

With the aim of delivering better quality, more focused, responsive, and efficient services, we are calling for:

1. Properly informed commissioning to ensure patients receive the best possible care through rapid access to appropriate clinical expertise when needed.
2. Implementation of common clinical strategies and pathways for PAD, ensuring early diagnosis and best clinical treatment of PAD is a shared responsibility of all members.
3. Development of a continued professional development and competency programme around PAD for all general podiatrists who may see people with PAD and a defined, accredited career route in lower limb vascular disease, for specialist podiatrists who wish to extend their role around diagnosis and facilitating best non surgical treatment of PAD.
4. Promotion of greater knowledge of PAD both within primary care and to the public more generally, to ensure early diagnosis and treatment.

The health care opportunities and benefits

We recognise that the NHS is facing an extraordinary period of further change, transformation and spending restraint. There is a growing emphasis on efficiency and quality combined, which will shape the models of care and pathways of the future. However, we believe that there is a substantial opportunity to deliver better integrated PAD services to patients that are faster, better quality, and more efficient:

1. The common situation of late PAD diagnosis and delayed clinical management could be better tackled with a Podiatry workforce who come into contact with people who have PAD working more effectively with GPs, Vascular Teams and others.
2. The significant cost inefficiencies in the present system (unnecessary investigations, duplication of services, needlessly long or absent pathways and avoidable adverse outcomes such as chronic ulcers and amputations) could be reduced by earlier diagnosis and better, more timely treatment of PAD.
3. Working together on early diagnosis of PAD with GPs and other clinicians who assess the lower limb could improve primary services for people with PAD.
4. Early diagnosis and best management of PAD can keep people working longer and leading more personally, socially and economically productive lives.
5. Combining the focus and efforts of the membership of the CoP and VS around improved PAD diagnosis and management will provide a platform from which to achieve this.

Our common concerns

We share concerns about the current quality and inequity of services for people with PAD:

1. There is increasing recognition of the current weaknesses in PAD pathways that are sub-optimally planned, commissioned in a fragmented way, and without national direction.
2. Current lack of recognition of PAD by Clinical Commissioning Groups leads to healthcare inequalities.
3. Many CCGs do not have a PAD strategy, do not include PAD within their definition of long-term conditions and do not link it to their cardiovascular agenda. Consequently spending on patients and care provision varies substantially.

Our health care partners

We know that quality is best delivered through strong partnerships, and so:

1. We recognise the critical importance of working within integrated or multidisciplinary teams to achieve real quality.
2. We believe that colleagues in primary and secondary care must work together to deliver the seamless management that our patients need.
3. Patients can play a vital role in bringing about the necessary changes required, by becoming more aware of PAD, management options and potential outcomes.
4. Our members struggle to overcome a number of challenges to patient care and service delivery, and we believe that by working more closely we could deliver better services for our patients.
5. We recognise the need for our members to be effective partners locally with strong patient and public support.

We will work to improve services by:

We feel that these changes would be best supported by our members' engagement, and with that in mind we plan to work together to secure the following:

1. **Quality**: By promoting the development of high quality, cost effective PAD pathways modelled on the best of existing podiatry and vascular collaborations (clinical and commissioning). We will encourage strong leadership to empower integrated teams to develop and implement PAD pathways which improve quality, reduce delays, increase productivity and are cost effective.
2. **Teamwork**: We will seek mutually beneficial opportunities to develop the lower limb vascular work force. We believe that all members of the team should have the competencies they need, and the support required to develop the right professional skills for the job. We will lobby for increased training for general podiatrists in PAD. We will seek to develop a validated training route for vascular specialist podiatrists. We will work together within integrated and multidisciplinary teams respecting each other's professionalism and professional autonomy.
3. **Evidence**: By identifying and focusing on those areas of clinical practice and research that will generate the most clinically and cost effective service delivery models and therapies for the future. As part of this we will seek to ensure that we engage in government pilot schemes, and ensure that they are appropriately assessed.
4. **Policy**: We will work together in advocating the appropriate recognition and long term funding that our patients with PAD and associated complications deserve. Since all these will require changes in policy, we believe above all in the need to partner closely

with the Department of Health and the NHS to press for the development and implementation of a revised and more clinically effective PAD component of the cardiovascular disease outcomes strategy and other relevant bodies of work.

Date

Signed

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