HEALTH AND SPORT COMMITTEE

HEALTH AND CARE (STAFFING) (SCOTLAND) BILL

SUBMISSION FROM THE COLLEGE OF PODIATRY

Introduction

The College of Podiatry is the academic authority for podiatry in the UK, and an independent charity dedicated to foot health research, education and public awareness. The College is the professional body for the over 10,000 UK podiatrists. Podiatry is the field of medicine that specialises in diagnosing, treating, rehabilitating and preventing disease and complications of the foot, ankle and lower limb.

Do you think the Bill will achieve its policy objectives?

The stated aim of the Bill is to be an "enabler of high quality care and improved outcomes for service users in both the health service and care services by helping to ensure appropriate staffing for high quality care". 1

The College of Podiatry’s view is that this Bill, in principle, has the potential to achieve high quality care and improved outcomes for service users across Scotland’s health and social care system.

However, whilst we welcome this Bill, we are concerned that the legislation, as drafted, is too narrow in its focus by mentioning only nurses, midwives and doctors. This does not reflect the multidisciplinary nature of the NHS and social care workforce, which is vital to ensuring high quality care and improving outcomes for patients.

Podiatrists working as part of multidisciplinary teams carry out life-changing and life-saving interventions every day, for example, providing specialist care for diabetes patients which enables prevention of lower limb amputation. It is the College of Podiatry’s view that any legislation which considers appropriate staffing levels in the NHS and social care workforce should take full account of podiatrists, and other allied health professionals, who contribute towards patient safety and improving patient outcomes.

Furthermore, it is our belief that the lack of attention given to multidisciplinary working in this draft legislation goes against the grain of progressive national health policy, as laid out in the Scottish Government’s A National Clinical Strategy for Scotland (February 2016) and the 2018 General Medical Services Contract, both of which promote the need for increased multi-disciplinary working in order to strengthen primary care delivery.

1 http://www.parliament.scot/parliamentarybusiness/CurrentCommittees/108724.aspx, Viewed on 26/06/2018
In order for the Bill to meet its policy objectives, the Bill should be amended to reflect the multi-disciplinary nature of the NHS and social care workforce and acknowledge the role which allied health professionals play in delivering high quality care and outcomes for patients. Without such amendments, there is a risk that the Bill in practice will divert crucial funding for the NHS and social care workforce away from strengthening multidisciplinary teams in order to satisfy arbitrary quotas, which could lead to a poorer standard of care and worse outcomes for patients requiring specialist interventions.

The College of Podiatry contributed to the Allied Health Professional Federation for Scotland’s response to the discussion document to support further engagement on Safe and Effective Staffing in Health and Social Care (February 2018)\(^2\). In the response, we laid out what we thought the legislation should do, which would enable high quality care and lead to improved outcomes for patients. This includes:

1. Framing the legislation so that the overarching principle is to foster a culture of integrated health and social care services, focussed on improving patient outcomes and patient safety.
2. Acknowledging the role Allied Health Professionals (AHPs) play in the health and social care system by including AHPs as part of any safe staffing requirements.
3. Ensuring that a multidisciplinary approach is taken to determine staffing requirements.

What are the key strengths of:

Part 2 of the Bill?

The key strengths are that:

- There will be a legal requirement for every Health Board and Agency to ensure that suitable numbers of staff are in place to support the health, wellbeing and safety of patients and to provide high quality healthcare. The College of Podiatry wholeheartedly supports this principle.
- There is a clear process for Health Boards and agencies to report on safe staffing to the Scottish Government, and there is sufficient flexibility around individual reporting methods for this not to be administratively burdensome.

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What are the key weaknesses of:

Part 2 of the Bill?

The key weaknesses are that:

- In order that Health Boards and agencies can determine what numbers and types of staff are required in health settings so that an effective number of staff are in place, it will be a legal requirement to follow the ‘common staffing method’ set out in section 121B of the Bill. A key part of the common staffing method is the use of various staffing level tools. Whilst this is a good idea in principle, in practice this undermines multidisciplinary working because staffing level tools currently exist for 11 healthcare settings only – 10 of which cover nurses and midwives only. Therefore there is a risk that if this Bill were to be passed in its current form, funds which are currently being used to support fully functioning multidisciplinary teams, with a variety of specialist practitioners working across various healthcare settings to deliver a range of high quality specialist care may be diverted to focus solely on nurses and midwives.

- Part 12IC of the Bill details the various types of healthcare setting in which the ‘common staffing method’ will be used to determine the number of employees required. Employees are listed as registered nurses, midwives and medical practitioners. There is no mention of allied health professionals. The healthcare settings listed include a number of settings where podiatrists and other allied health professionals currently work together with nurses and midwives as part of multidisciplinary teams to deliver high quality care. In order that the Bill does not undermine multidisciplinary working, allied health professionals should be included in part 12IC of the Bill in order that their expertise in these healthcare environments is recognised and sustained.

Contact

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