

## Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

### Your Personal Details

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<b>Title</b>	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
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### Publication of Submissions

*Please note all Public Submissions will be published unless otherwise selected below*

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### Submission Guidance

**You are encouraged to address the following question:**

**In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?**

- Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;
- The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;
- Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;
- Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;
- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;
- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;
- Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.



## AUSTRALASIAN COLLEGE OF PODIATRIC SURGEONS

### SUBMISSION TO THE WESTERN AUSTRALIAN GOVERNMENT'S SUSTAINABLE HEALTH REVIEW

The Australasian College of Podiatric Surgeons appreciates the opportunity to provide input to the Consultation regarding a Sustainable Health system.

The Review addresses important issues both in terms of the investment made into the health system but also into how to best leverage those resources and ensure that the mix of services for Western Australians is as effective as possible. The College welcome the Review's focus on new initiatives to support patient centred service delivery and to ensure that care is delivered in the most appropriate setting to maximise health outcomes. These are key concerns of our members and an area in which our services can be leveraged to support the Government's desired outcomes.

Greater utilisation and broader recognition of podiatric surgery within the WA health system has the capacity to leverage current investment by providing greater patient access to surgical and other services that support patients' mobility and general health as well as ensuring patients access to services across a broader geographic base.

In addition, given that that the podiatric surgeons are under-utilised within the state health system, leveraging our presence and capabilities would enable the Government to access an additional workforce which deliver proven quality care and in lower cost settings than those in which many patients are currently being treated. This in turn would deliver positive outcomes for public hospital waiting lists as well as quicker return to mobility and productivity for patients.

As such, utilising the podiatric surgeon workforce as part of the health system would meet the objectives of the Sustainable Health Review by:

- Leveraging existing investment in primary, secondary and tertiary healthcare as well as enabling access to new innovative initiatives in patient care (Terms of reference 1);
- Delivering a more effective mix of services across the system (ToR2);
- Proven improved performance informed by ongoing research and data collection (ToR 3);
- Reducing duplication and deliver integrated and coordinated care (ToR4);
- Commitment to improvements in safety and quality (ToR 5);
- Improved and ongoing performance monitoring (ToR 6); and
- Patient centred service delivery (ToR 9).

Our capacity to support the Western Australian health system in these ways is supported by both domestic and international evidence.

## ABOUT THE AUSTRALASIAN COLLEGE OF PODIATRIC SURGEONS

The Australasian College of Podiatric Surgeons (ACPS) is a national organisation. The ACPS surgical training program is approved by the Podiatry Board of Australia as a program of study for specialist registration as a podiatric surgeon and the College's training program is accredited until 2020.

The primary functions of the ACPS include training and education of podiatric surgeons, ongoing accreditation of individual podiatric surgeons and advocacy. The ACPS is committed to the advancement of knowledge of podiatric surgery, and endeavours to uphold the highest standards in foot and ankle surgical care by podiatric surgeons within the community.

The current membership of the College is 26 of whom 7 live in Western Australia. In Western Australia, the geographic regions that podiatric surgeons currently support include Perth Metropolitan; Midwest; South West; Great Southern; and Goldfields.

## SUPPORTING A SUSTAINABLE HEALTH SYSTEM IN WESTERN AUSTRALIA

In considering our submission, the ACPS has identified a number of themes by which we can support the Western Australian Government in delivering a sustainable health system. These include:

### 1. DELIVERING GREATER PATIENT ACCESS, MORE HOLISTIC CARE, IN A BROADER VARIETY OF SETTINGS, ACROSS A BROAD GEOGRAPHIC AREA TO SUPPORT PATIENTS' MOBILITY AND GENERAL HEALTH

(Addressing ToR 1, 2, 4, 5 and 9)

Under S3AAA of the *Health Insurance Act 1973*, registered podiatric surgeons are recognised as specialist podiatrists who are approved as accredited and gazetted by the Minister for Health as qualified to provide surgical procedures of the foot and ankle. These procedures are the same as those provided by general, orthopaedic and vascular surgeons.

**Podiatric surgeons perform surgical treatment on a range of foot and ankle conditions** including structural deformities; bone spurs; tendon and soft tissue pathologies; degeneration and arthrosis of the joints; and trauma-related injuries. **Their goal is to improve patients' quality of life by relieving their pain, increasing their mobility and arresting further degeneration.**

Podiatric surgeons focus on immediate ambulatory outcomes as the best outcome for a patient where medically and surgically appropriate. As such, the practice of podiatric surgery is typically more conservative than current orthopaedic practice. **International evidence suggests that this focus on ambulatory outcomes leads to positive patient outcomes, both in direct recovery from surgery and in associated benefits.** Additionally, evidence indicates that podiatric surgery delivers significant impact on quality of life, mobility and productivity.<sup>1</sup>

With their focus on ambulatory outcomes, the choice of location in which podiatric surgeons operate is guided by the complexity of the procedure that they are undertaking, the requirement for anaesthesia, the age and health of the patient and their associated comorbidities. As such, **procedures may be performed in a variety of settings including consulting rooms, day surgical facilities or hospitals.**

In common with best practice for all surgical specialties, podiatric surgeons refer patients as part of a team approach to management for radiology, pathology, physicians and other specialists including podiatrists and general practitioners and work with other specialists and healthcare practitioners to best manage patients and their conditions. The team approach used by podiatric surgeons ensures

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<sup>1</sup> Bennett PJ, Patterson C, and Dunne M.P. "Health-related quality of life following podiatric surgery." *Journal of the American Podiatric Medical Association* 91(4): 164-173, 2001.

that all relevant comorbidities are managed appropriately in the pre and postoperative phases of patient care.

In addition, due to their initial training, podiatric surgeons are not simply limited to surgical services and instead can provide the entire range of foot and ankle support and management. This enables patients maximum flexibility and targeted support whilst delivering holistic care and management.

In addition, more than 60% of College accredited fellows provide, either via regular rotation or as their primary practice consultation, surgical and educational services across regional, rural and remote Australia. In doing so, they help improve accessibility and ultimately deliver improved health to patients and carers living in those communities.

In WA, podiatric surgeons deliver around 31 different surgical procedures to patients across the Perth Metropolitan; Midwest; Goldfields; South West; and Great Southern regions.

## 2. USE OF A UNDER UTILISED WORKFORCE TO DRIVE EFFICIENCY

(Addressing ToR 1, 2, 4, 5 and 9)

Podiatric surgeons currently do not have admittance privileges for surgery in public hospital settings in Western Australia. This is despite the extensive and targeted training in foot and ankle surgery that podiatric surgeons undergo and their recognition under National Law as specialist surgeons. **By not utilising this workforce effectively, the Western Australian Government and Western Australian patients are missing an opportunity to drive and capture efficiencies.**

Podiatric surgeons recognise that, in order for these efficiencies to be captured, our members would need to undergo the usual hospital based accreditation processes. Given that our members are currently operating in private hospital settings as well as in non-hospital settings, this is not perceived to be a barrier should this be desired. Further, podiatric surgeons have additional experience in working within a broad range of patient centred services as there are no MBS item numbers for podiatric surgery.

**There is significant evidence to support the use of podiatric surgeons in public settings.** In addition to the extensive and targeted training undertaken by podiatric surgeons, the epidemiological spread of surgical procedures performed by podiatric and orthopaedic surgeons have been demonstrated to be very similar in both the procedures performed and the clinical entities treated.<sup>2</sup>

In addition, the College's 2013 National Audit confirms a diverse range of comorbidity within patients treated by podiatric surgeons with 35% of podiatric patients having at least one comorbidity. This data reflects the community incidence of disease and this is further demonstrated by the fact that, during 2013/14, the average incidence of diabetes in patients admitted by College accredited fellows was 6%. This compares to the incidence of diabetes in the Australian population of 5.4%.

The need for foot and ankle surgery is forecast to increase into the future and the currently utilised workforce will not be sufficient to meet this demand. Utilising podiatric surgeons will enable the Western Australian Government to deliver on the demands of its constituents in this area.

The Australian Government's population forecasts confirm Australia will face an increasing burden of rising health costs associated with our ageing population with 5.3 million more Australians forecast to be aged over 65 by 2055.<sup>3</sup> Patient need for foot surgery increases with age with the result that demand will increase over time.<sup>4</sup>

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<sup>2</sup> Bennett PJ. "Prevalence and type of foot surgery performed in Australia: A clinical review". *The Foot* 17(4):197-204, 2007.

<sup>3</sup> Australian Government. 2015 Intergenerational Report. [https://static.treasury.gov.au/uploads/sites/1/2017/06/2015\\_IGR.pdf](https://static.treasury.gov.au/uploads/sites/1/2017/06/2015_IGR.pdf).

<sup>4</sup> Garrow AP, Silman AJ and Macfarlane GJ. "The Chesire Foot Pain and Disability Survey: a population survey assessing prevalence and associations". *Pain* 110:378-384, 2004; Dunn JE, Link CL, Felson DT, Crincoli MG, Keysor JJ and McKinlay JB. "Prevalence of foot and ankle conditions in a multiethnic community sample of older adults". *American Journal of Epidemiology* 159:491-498, 2004; Bennett PJ. "Prevalence and type of foot surgery performed in Australia: A clinical review". *The Foot* 17(4):197-204, 2007; Hill CL, Gill T, Menz HB and Taylor AW.

In addition, a 2008 report by Access Economics highlighted that the need for foot and ankle surgery will grow until at least 2050. The projections produced by Access Economics indicate that **the need for foot and ankle surgical procedures will increase by 61.9% between 2008 and 2050 to a total of 211,000 procedures in 2050.**<sup>5</sup>

**The Royal Australasian College of Surgeons acknowledges that the current surgical resource is insufficient to meet Australia's health needs going forward.** In 2011, they reported that, to meet Australia's projected surgical needs, 'it is conservatively estimated that 264 new surgeons will be needed each year between now and 2025. That is, in addition to the 184 new surgeons currently graduating each year, a further 80 will have to graduate alongside them'.<sup>6</sup>

Further, specifically in relation to orthopaedic surgeons, RACS identified that, to maintain the 2010 ratios of orthopaedic surgeons to the population over 65, nearly **700 additional surgeons** would be required. This is critical in light of Australia's ageing population and the need to maintain a mobile and productive workforce.

Podiatric surgeons could help address this gap in the healthcare system.

### 3. **PROVEN QUALITY CARE IN LOWER COST SETTINGS**

(Addressing ToR 1, 2, 3, 4, 5 and 6)

#### The ACPS National Audit

Since 2011, the ACPS has been undertaking an ongoing audit of the procedures performed by its members and health outcomes achieved together with data regarding any complications, comorbidities and so forth. This audit tool is now online and participation in it is mandatory for College members to maintain their accreditation. **It is the only audit tool in Australia in which 100% of a College's membership participates.**

The Audit tool was designed following consensus by an international panel of experts in foot and ankle surgery and, as highlighted above, captures a wide range of meaningful data for the specific purpose of improving outcomes of foot and ankle surgery through effective peer review. **This Audit should act as a model for other groups within the health care system** and the ACPS would welcome the opportunity to discuss its broader use with the Western Australian Government.

#### Podiatric Surgeons in public hospitals

**In the UK, podiatric surgeons are embedded in public hospital settings** and many Australian podiatric surgeons train in the UK deliberately to learn and understand this environment. In many settings, for example, the Department of Orthopaedic Surgery at the Great Western Hospital at Swindon, both podiatric and orthopaedic surgeons work together in the same department and across multi-disciplinary teams. In 2008, this Orthopaedic Department was awarded the NHS surgical team of the year due to its high level of outcomes, particularly in relation to foot and ankle surgery.

**This combination is demonstrated to improve patient satisfaction** and the integration of podiatric surgery. A 2012 report reported high patient satisfaction in relation to podiatric surgery performed in the hospital and that integration of podiatric surgery should be encouraged.<sup>7</sup>

**These outcomes are mirrored by WA data.** Since 2015, an independent reviewer has been assessing patient experience of podiatric surgery in WA as part of reporting to hospital accreditation standards.

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"Prevalence and correlates of foot pain in a population-based study: the North West Adelaide Health Study". *Journal of Foot and Ankle Research* 1:2, 2008. The Australasian College of Podiatric Surgery. *National Audit*. 2015.

<sup>5</sup> Access Economics. *The economic impact of podiatric surgery*. Sydney: 2008.

<sup>6</sup> The Royal Australasian College of Surgeons. *Surgical Workforce Projection to 2025: The Australian Workforce Briefing paper for the National Training Plan consultation process Volume 1*. East Melbourne, 2011.

[https://www.surgeons.org/media/437871/rpt\\_racs\\_workforce\\_projection\\_to\\_2025.pdf](https://www.surgeons.org/media/437871/rpt_racs_workforce_projection_to_2025.pdf)

<sup>7</sup> Armanasco, P, D Williamson, and B Yates. "Integration of podiatric surgery within an orthopaedic department: An audit of patient satisfaction with labour force implications." *The Foot* 22:200-204, 2012.

341 patients have responded to a survey regarding the care and treatment they received as part of their podiatric surgery with **97% of patients indicating satisfaction rates of 4.5 out of 5**. Key elements of satisfaction related to pre- and post-operative care; very clear information provided regarding their surgical procedure and its outcomes; and outcomes matching expectations.

In addition to this, there has been **zero requirement for readmission within 28 days of surgery** since 2016 following podiatric surgery. Data demonstrates that podiatric surgeons perform over 30 different procedures in Western Australia.<sup>8</sup>

#### Delivery in lower cost settings

As WA considers the mix of settings in which health services are delivered, consideration needs to be given to the fact that **podiatric surgeons perform the majority of podiatric surgery is performed as day case procedures with resultant savings in hospital and nursing costs**. 20% of all podiatric surgery is performed within consultation rooms.

Further, the ACPS' 2015 National Audit shows that delivery in alternative settings has not resulted in any no loss of post surgical outcomes nor any increase in infection rates. 0.09% of all cases of podiatric surgery across Australia required readmission within 28 days and both cases related to infection. Overall, only 1.72% of all cases required outpatient management of infection and 0.2% developed a DVT. These were also managed in an outpatient setting.<sup>9</sup>

The 2015 data are consistent with the ACPS' other audits and represent both an ability to track patient outcomes at an individual level and extremely positive results regarding post-surgery complications.

#### **4. POSITIVE IMPACTS ON PUBLIC HOSPITAL WAITING LISTS**

*(Addressing ToR 1, 2, 3, 4, 5 and 6)*

Incorporating **podiatric surgeons within the broader healthcare system can also deliver positive impacts on public hospital waiting lists** both by their broader utilisation of different clinical settings (see above) and leveraging an under-utilised specialty within the public hospital system.

Waiting lists for the public hospitals are a serious concern in Australia.<sup>10</sup> Compounding this, in 2014-15, foot and ankle surgery was demonstrated to be categorised usually at a level that results in very long waiting times in public hospitals of no less than 64 days. This is a significant issue for people experiencing pain, mobility and other issues, all of which may have impact on their productivity and/or families.

In 2014, following consultation with the Federal Department of Health, the ACPS undertook a survey that compared the waiting lists of orthopaedic surgeons specialising in foot and ankle surgery with those of podiatric surgeons. This survey reported **significant variation in time for a patient to get to appointment (1.9 weeks for a podiatric surgeon versus 7.7 weeks for an orthopaedic surgeon) and similar times to surgery (3.6 and 3.4 weeks respectively)**.

Considering the current experience of patients in public hospitals, an opportunity exists to leverage the existing capacity of the podiatric surgical workforce to the benefit of public patients.

#### **CONCLUSION**

As demonstrated above, **better integration and use of podiatric surgeons within the WA health system would meet the objectives of the Sustainable Health Review by contributing to all the major elements represented by the Review's Terms of Reference (1, 2, 3, 4, 5, 6 and 9)**. Podiatric surgeons

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<sup>8</sup> This data is not yet published but has been utilised as part of reporting to hospital accreditation standards. The ACPS is happy to discuss this data with the Panel and provide it as required.

<sup>9</sup> The Australasian College of Podiatric Surgeons, *National Audit*. 2015.

<sup>10</sup> Australian Institute for Health and Welfare. *Australia's Welfare 2015*. <https://www.aihw.gov.au/getmedia/692fd1d4-0e81-41da-82af-be623a4e00ae/18960-aw15.pdf.aspx?inline=true>.

are perfectly placed to work within the patient centred care model as podiatric surgery is not rebated by MBS item numbers. Further, the ACPS **audit data demonstrate the safe and effective nature of surgical services provided by the College's members over many years.**

This would enable leverage of an existing resource to deliver a more effective mix of services that enables more holistic care in the most appropriate and financially responsible settings; improvements in safety and quality; greater performance monitoring; and patient centred service delivery, pathways and transitions. These would all benefit both Western Australian patients and the Western Australian health system more broadly.

**The College would welcome the opportunity to discuss our submission further with the Panel and provide any additional information that would be of assistance.**