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Deficiencies in provision of integrated multidisciplinary podiatry care for patients with inflammatory arthritis: A UK district general hospital experience

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ABSTRACT

Background: Foot problems are highly prevalent in inflammatory arthritis (IA), especially rheumatoid arthritis (RA). Chronic inflammation can lead to permanent structural changes, deformity and disability. Early podiatry intervention in RA improves long term outcomes. National guidelines recommend that patients should be treated by a multidisciplinary team with dedicated podiatry services. In clinical practice funding constraints limit availability of these services.
Objectives: To assess prevalence of foot problems and quality and availability of foot care services at a UK district general hospital.
Method: 1200 IA patients in Swindon (Wiltshire, UK) were invited to complete an anonymised questionnaire regarding access to foot care services and education/information on foot problems.
Results: 448 patients. Prevalence of foot problems: 68%. Only 31% of patients had access to appropriate foot specialist. 24% had received foot assessment within 3 months of diagnosis of IA and 17% yearly review thereafter.
Conclusions: Despite high prevalence of foot problems in our population we identified significant deficiencies in provision of integrated multidisciplinary podiatry care. The data we present could be used by others to support business cases to obtain funding to improve the links between rheumatology and podiatry services.

1. Background

Foot problems are highly prevalent in IA particularly RA [1], and have traditionally been neglected in rheumatology outpatient clinics [2]. Most published literature refers to RA but more recent studies suggest that foot pathology is also prevalent in Psoriatic arthritis (PsA) [3,4]. Data on ankylosing spondylitis (AS) is scant. Chronic inflammation can lead to permanent structural changes, deformity and disability [5–7].

Over recent years, studies have shown that early podiatry interventions in rheumatoid arthritis (RA) improve long term outcomes and have a sustained effect in reducing pain, disability and activity limitation [8,9].

This increased recognition has led to recommendations in several national guidelines in the United Kingdom (UK) that podiatry should be an integral part of rheumatology services. British Society for Rheumatology (BSR) [10] and the National Institute of Clinical Excellence (NICE) [11] guidelines advise that RA patients should be treated by a multidisciplinary team with dedicated podiatry services. The Arthritis and Musculoskeletal Alliance (ARMA) published standards of care for people with musculoskeletal foot health problems in 2008 with associated audit tools [2]. These are divided into generic foot health standards and disease specific foot health standards including IA. The guidelines are part of a national programme to improve musculoskeletal foot health services. Departments are advised to use these audit tools to assess existing services, identify champions for change and develop local strategies for improvement.

In clinical practice, funding constraints often limit availability of podiatry services. A review of provision of foot health services in Rheumatology departments in the UK found that only 50% of them reported adequate basic foot care services and fewer than 1 in 10 had formal care pathways or mechanisms for referral to foot services [12]. The foot therefore continues to be neglected in IA [13].

The aim of our study was to assess the prevalence of current foot health problems in IA patients being treated by the rheumatology department at our district general hospital and the quality and availability of foot care thus informing strategic planning, future funding and research.

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Table 1
Questionnaire.

Great Western Hospitals NHS
NHS Foundation Trust

We are constantly looking into ways of improving the rheumatology service. We should be grateful if you could spend a few minutes answering this questionnaire. The results are anonymous and will help us evaluate and improve our service.

Age____ Gender: M ☐ F ☐

Rheumatoid arthritis ☐ Psoriatic arthritis ☐ Ankylosing Spondylitis ☐ Other……..

In the past week have you had foot problems related to your arthritis?

Part A:

1. Where you given an assessment of your feet within 3 months of your diagnosis of arthritis?
2. Have you received foot assessment every year?
3. Do you feel that you have access to the appropriate foot specialist when you need it?

Part B:

1. Have you received information to help you manage your own foot problems?
2. If yes, does this information explain the following?

   How to choose appropriate footwear and insoles
   How to look after your foot hygiene
   Local and national support organisations
   The consequences of your condition on your feet and overall health
   Support to stop smoking

Part C:
How would you rate your experience of:

	Unsatisfactory	Satisfactory	Good	V.Good	Excellent
1. Outpatient clinic appointments?	☐	☐	☐	☐	☐
2. The Rheumatology telephone helpline?	☐	☐	☐	☐	☐
3. The DAWN monitoring systems?	☐	☐	☐	☐	☐

Thank you very much for your time. Best wishes. The Rheumatology Team

2. Material and methods

A cross-sectional postal survey was mailed to a randomly selected sample of 1200 out of 1464 patients with IA in the database of the Rheumatology department at The Great Western Hospital in Swindon (Wiltshire, UK). Patients were invited to complete a three part anonymised questionnaire. Questions were adapted from the standard ARMA audit tool available online at www.prcassoc.org.uk/standards-project. The questionnaire was shortened to one side of A4 to improve completion rate. Questions regarding foot health clinic environment (opening times, accessibility to buildings, etc.) were considered irrelevant to the purpose of the present study and were removed whilst maintaining patient centred questions. Part A referred to access to foot care services. Part B covered patient education and information on management of foot problems. Part C enquired about quality of outpatient rheumatology service as a whole. Demographic data and prevalence of foot problems was also recorded (Table 1). Questionnaires were mailed with a reply-paid envelope in December 2008.

3. Results

448 patients (response rate 37.3%) returned completed questionnaires. 83% RA, 14% PsA and 3% AS. 62.5% were female, median age 61.5 years (inter-quartile range: 49–71).

Prevalence of current foot problems was 68%. Part A: 24% of patients had undergone foot assessment within 3 months of diagnosis and 17% received yearly foot assessment. 31% felt that they had access to appropriate foot specialist. Part B: 31% of patients had received information on management of foot problems, 28% had been advised on how to choose appropriate footwear and insoles, 20% on foot hygiene whilst 15% felt that they were aware of support organisations. 21% had been explained the consequences of diagnosis on foot and overall health and 9% of patients had been given