Evolving Role of Dietitians in PCN's

One Year On...

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The article *'Establishing the Role of the Primary Care Network Dietitian'* published in CN, April 2021, described the background of the PCN dietitian roles and top tips for the initial establishment of the role.[1] This article will describe the development and evolution of the PCN dietitian role across the past 12 months. It is important to bear in mind that each PCN dietitian role will have its own distinctive patient population, structure, priorities, and specialist clinical focus. This PCN role was predominantly focused on nutrition support and those with newly diagnosed type two diabetes. The role was integrated into the local dietetic service which proved invaluable in developing an understanding of the established citywide dietetic services and facilitating sharing of knowledge and improved connections. Due to the novel nature of the PCN dietitian role, it was essential to monitor outcomes and evaluate impact.

The Nutrition Support service

This service was introduced in January 2021 and involved patients living in both their own homes, and those living in care homes, linked to the PCN. 350 nutrition support consultations were completed in 2021. Because of the role of the PCN dietitian, 271 patients received dietetic care that would not have received care from the local dietetic service because of the required referral criteria. In terms of immediate cost savings, oral nutritional supplement (ONS) prescriptions that were discontinued, or reduced, by the PCN dietitian saved the PCN an estimated £5,569 per month. Projected cost savings over a longer period were also evaluated. Taking into consideration the estimated increased healthcare usage and subsequent cost for a non-malnourished patient as £1,715 compared to £5,763 for a patient with malnutrition, or at risk of malnutrition, it is estimated there was an overall cost saving of £748,880 for the year, as a result of having a dietitian involved and appropriate nutrition support in place in the PCN.[2] In terms of ensuring safe practice, the PCN dietitian identified several patients that were prescribed a normal un-thickened consistency ONS while being advised to have thickened fluids. This posed a safety risk of potential choking, aspiration, pneumonia or even death. With the PCN dietitian in post, this was quickly highlighted and rectified where the unsafe nutritional supplement was discontinued with immediate effect and a safe pre-thickened alternative was requested by the dietitian to be prescribed by the general practitioner (GP).

A survey was sent to care homes managers linked to the PCN with a 43% completion rate. Of these, 100% of respondents agreed/strongly agreed that the PCN's dietitian:

- was accessible to them,
- was responsive to queries from their care home,
- contacts their care home regularly to review residents,
- provides dietetic input to every resident who needs it,
- addresses the needs of their residents,
- provides a personalised nutrition care plan for every resident reviewed,
- provides advice and guidance to staff to help manage the dietary needs of residents,
- communicates well with other members of the multidisciplinary team.

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100% of respondents also reported that the PCN dietetic service provided to their care home had been useful.

Additionally, care home manager's comments included:

'Good communication between the care home and dietetic services…'

'The ability to offer advice to staff and residents enabling streamlined quality care, choice, and information…'

'It was useful to have the close link with the dietitian as we had several residents at the time who were losing weight. This service helped to ensure that the appropriate supplements were provided and a care plan reflecting the resident's needs was also implemented…'

Because the PCN dietitian was employed through the local dietetic service, there were opportunities to be involved in some city-wide service developments, the main being a 'digital therapies' care home project. The PCN dietitian worked with an occupational therapist, physiotherapist, podiatrist and speech and language therapist, to develop an e-learning, competency-based training package for care homes.

The type 2 diabetes service

69 patients received dietetic input following a new diagnosis of type 2 diabetes (T2DM) in the PCN in 2021. This began as a pilot project, which initially ran from March to May 2021. While the initial stage of the pilot was evaluated, it was not evaluated again when expected because of the national blood bottle shortage. This had resulted in routine HbA1c tests being postponed, and so evaluation data was unavailable. Patients were offered a one-off, 30-minute consultation with the dietitian – 39% of patients were female and 61% male and average patient age was 59 years. Of the patients who had pre- and post-intervention data available, 100% reduced their HbA1c post-intervention vs pre-intervention. The average HbA1c pre-intervention – at diagnosis – was 61 mmol/mol and post intervention was 52 mmol/mol. On average, patients improved their HbA1c by 9 mmol/mol. 50% of patients with data available achieved a HbA1c of, or below, the target of 48 mmol/mol post-intervention. Of the patients who had a post-intervention weight recorded at the time of data analysis, 89% of these patients reduced their weight post-intervention compared to pre-intervention. Of the patients who lost weight, an average of 4.5 kg weight was lost per person. Only one patient gained weight (1.3 kg), however, their diabetes was steroid induced and therefore it is possible this patient could have gained further weight as a consequence of steroid treatment, had they received no dietetic input. The success of this service was limited by the national blood bottle shortage resulting in a reduced number of patients being diagnosed with T2DM in 2021.

Education

The PCN dietitian facilitated 11 staff education sessions in 2021. Topics included:

- malnutrition and MUST,
- older people and frailty,
- and IDDSI.

In addition to clinical consultations and staff education within the PCN, the dietitian responded to 202 patient queries during the 12-month period. 59% were in relation to nutrition support, 26% in relation to T2DM or weight management, and 15% relating to other dietary conditions.

Patient satisfaction survey

A survey was sent to all patients who received input from the dietitian with 47 patients and/or carers completing it, to find:

- 100% of respondents said that they were likely to recommend the service to family, friends and colleagues.
- 100% of respondents agreed/strongly agreed that their PCN dietitian made them feel listened to.
- 98% of respondents agreed/strongly agreed that their PCN dietitian made them feel like they were treated as an individual and tailored advice to them.
- 95% of respondents agreed/strongly agreed that their PCN dietitian made them feel more positive about their condition.
- 94% of respondents agreed/strongly agreed that their PCN dietitian addressed their needs, and a plan was put in place.
- 89% of respondents agreed/strongly agreed that their PCN dietitian helped them get a better understanding of their condition.

Additionally, patient/carer comments included:

'I feel that the PCN dietitian understands my problem and makes me feel I'm not alone and is keeping in touch with me. And not just leaving me to get on with it myself…'

'The dietitian listened to and then answered my questions. She was patient and knowledgeable. She asked me relevant questions, and she gave me plenty of time to take in what she told me. She was able and willing to respond to my questions in my terms, and not in some fixed format…'

'I, as the carer of the patient found the periodic dietitian review useful and made me focus on what I need to achieve for and with the patient…'

> "100% of patients said that they were likely to recommend the service to family, friends and colleagues."

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Staff satisfaction survey

A 12-month staff satisfaction survey was sent to sixty PCN staff, with fifteen completing the survey, indicating a 25% engagement rate: See **Figures 1** and **2**.

- 100% of respondents felt the PCN dietitian was a useful role/resource in their practice/PCN.
- 100% of staff agreed/strongly agreed that the PCN dietitian was a valuable asset to the PCN.
- 100% of staff reported that they would like the PCN dietitian service to be continued.
- 93% of staff agreed/strongly agreed that the PCN dietitian was accessible.
- 93% of staff agreed/strongly agreed that the PCN dietitian communicated well with other members of the practice/PCN.
- 93% of staff agreed/strongly agreed that the PCN dietitian is knowledgeable.
- 93% of staff agreed/strongly agreed that the PCN dietitian is helpful.
- 93% of staff agreed/strongly agreed that the PCN dietitian is responsive to queries.
- 93% of staff rated the care the PCN dietitian provides to patients/carers to be either Good or Outstanding.

Additional staff comments included:

'The PCN dietitian service has been really helpful - I have learnt from the service as well as seen my patients benefit. As there is no dietetic service available for many of our patients, these patients would have gone untreated if it were not for the PCN dietitian...'

'Very useful in helping patients closer to home rather than going to hospital setting...'

'Very accessible advice around dietetic queries. Prompt review of referred patients. Very simple referral pathway and clear referral criteria...'

The future of PCN dietitians

Although still in its infancy, the PCN dietitian role has already evolved, with the number of posts growing across England, and the emerging concept of the first contact practitioner focus. A first contact dietitian is a diagnostic clinician working in primary care at the top of their clinical scope of practice, assessing and managing undifferentiated and undiagnosed presentations.[3] In November 2021, Health Education England with support from the British Dietetic Association produced a *'Roadmap to Practice'* for first contact dietitians, formally recognising this evolving concept and providing support and guidance on educational pathways to achieve it.[3] As illustrated in this article, dietitians integrated into primary care have a critical role to play in supporting primary care services for conditions relating to diet and nutrition. This 12-month evaluation illustrates the significant impact dietitians can have in primary care:

- Enabling patients to self-manage their conditions.
- Reduce demand on general practice time.
- Make 'prevention' possible in primary care.
- Manage medicines effectively and efficiently.
- Manage ACBS products effectively and efficiently.
- Reduce the need for expensive referrals to secondary care and the need for hospitalisation.
- Provide for the effective use of technology.
- Be part of the multidisciplinary team in the care home setting.[4]

Conclusion

It is hoped that the role of the PCN dietitian grows in recognition, and continues to expand across the country's healthcare system, and evolve so that patients in all regions have access to a dietitian in the primary care setting.

Figure 1: Role breakdown

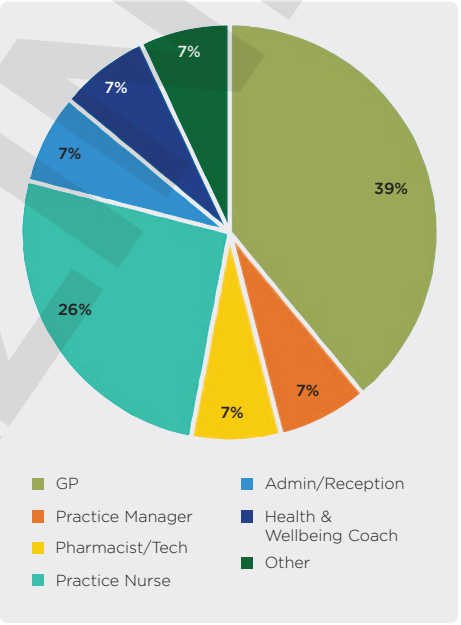

Figure 2: The role of the PCN dietitian – SWOT analysis

Strengths

- Building capacity in community dietetics services.
- Providing care closer to home.
- Timely, direct referral pathway and communication between the dietitian and practice staff.
- Enhanced flexibility and autonomy.
- Provision of in-house nutrition training to primary care staff, ensuring nutrition is high on the agenda.
- Strong communication and joint working with the local dietetic service to enhance the patient journey.
- Networking with other PCN dietitians locally, regionally, and nationally, building relationships and sharing best practice, successes, and challenges.

Weaknesses

- COVID-19 pandemic inhibiting visibility, communication and relationship building with both staff and patients.
- Lack of administrative support.
- Difficulty obtaining regular appropriate room bookings in practices.
- Novel nature of the ARR roles being less well recognised/ understood.

Opportunities

- Expanding the number of PCN dietitian roles and thus more services.
- Development of supplementary prescribing, first contact and advanced clinical practice providing additional scope and career progression

Threats

- Inequitable access if all PCNs do not employ PCN dietitians.

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References: 1. Collery R, Watt A. (2021). Establishing the Role of the Primary Care Network Dietitian. CN.; 21(2): 55-57 2. BAPEN (2015). The cost of malnutrition in England the potential cost savings from nutritional interventions. Accessed online: www.bapen.org.uk/pdfs/economic-report-full.pdf (Feb 2022). 3. Health Education England (2021). First Contact Practitioners and Advanced Practitioners in Primary Care: (Dietitian) A Roadmap to Practice. Accessed online: www.bda.uk.com/uploads/assets/a5b57761-9818-420d-92ceb1d59699405a/First-Contact-Practitoners-and-Advanced-Practitioners-in-Primary-Care-A-Roadmap-to-Practice.pdf (Feb 2022). 4. British Dietetic Association (2022). Primary Care: The role of the dietitian. Accessed online: www.bda.uk.com/practice-and-education/nutrition-and-dietetic-practice/dietetic-workforce/primary-care.html (Feb 2022).