

## The Role of Dietitians in Primary Care Networks

### How can Dietitians support and enhance the care provided in GP surgeries?

As of April 2020 Dietitians are now included in the DES Additional Roles Reimbursement Scheme. Primary Care Networks (PCNs) will be guaranteed funding to meet a recurrent 100% of the actual on going salary costs of First Contact Dietitians, alongside previously established roles such as Physiotherapists and Social Prescribers.

### Why employ a Dietitian?



## Dietitians can:

- Provide group sessions or one-to-one support
- Intervene at key life stages such as pregnancy, weaning, pre-school, teenage years to support people with establishing healthy eating patterns early in life
- Provide supervision to health coaches
- Upskill other staff within the practice to feel more confident in providing first-line dietary advice and ensure they have evidence-based resources to do so e.g. protein-rich diet for pressure ulcers, iron-rich diet for anaemia, encouraging Vit D supplementation in at-risk groups
- Be a valuable addition to the virtual Care Home MDT
- Support people in preventing and managing a number of long term conditions
- Give helpful and safe advice to support people with disordered eating patterns, or where their mental health is impacting on their use of food.
- Discuss the complex reasons why individuals might use or abuse food for emotional reasons
- Support people to interpret new information in the media in relation to diet or weight loss and understand how it might be of benefit or harm to themselves or their family e.g. raising a child as a vegan, undertaking a low carbohydrate or very low calorie diet.

Dietitians can give this advice taking into account the fact that the patient might also have polypharmacy, epilepsy, pre-diabetes, depression, a learning disability, MS, iron-deficiency anaemia, a colostomy, bulimia nervosa, early onset dementia, ASD, OCD, or all of these factors to consider.

People are complex. Their relationship with food is complex. Their health needs are complex. That is why Dietitians hold degree level knowledge in food and health, counselling/behaviour change skills, and HCPC registration.

Will a health coach be able to use advice around food to benefit these individuals in your practice?

## How might a Dietitian save GP time?

- 1 in 12 GP appointments are patients presenting with gastrointestinal symptoms – 46% of which were diagnosed as IBS ([NICE, 2017](#)). Timely and accessible first-line advice from a dietitian in primary care services has shown [significant qualitative and quantitative improvements](#), including reduction in use of medications, referral to secondary care and GP time.
- 30% of elderly patients are malnourished. Malnourished individuals mean:
  - 65% more GP visits
  - 82% more hospital admissions
  - 30% longer hospital stay ([Malnutrition Taskforce 2019](#))

A dietitian can ensure effective screening processes are in place for identifying these individuals, and provide advice to patients and carers to reduce their risk of malnutrition and frailty, and hence their risk of ill health

- 60% of referrals to paediatric secondary care services are allergy-related. Supporting parents with early feeding difficulties including reflux and CMPA takes up a significant proportion of GP time. A dietitian can provide first-line advice for these individuals, including; trialling (and discontinuation) of specialist infant formulas, advice around dairy-free breastfeeding and weaning, use of the food ladder for re-introduction in cases of simple CMPA, and onward referral to secondary care where more complex allergies are suspected.
- Advanced Dietitians can train to become supplementary prescribers and prescribe medicines that patients would otherwise have to see the GP for. Examples of this include diabetic medications, obesity medications, specialised infant formulas and sip feeds.

## How might a Dietitian be cost-effective?

- Effective Nutrition support in adults is associated with cost savings of £71,800 per 100,000 population ([BAPEN 2015](#)). Provision of [training in Care Homes](#) is just one example of this. Treating someone who is malnourished is two to three times more expensive than for someone who is not malnourished ([MTF 2019](#)).
- Dietitians are expert in the management of Nutritional Borderline Substances (NBS) - products such as oral nutritional supplements, enteral feeds and infant formulae. Appropriate prescribing of these, following food first interventions, can significantly [reduce costs](#), improve compliance and improve patient experience.

- Dietetic intervention in Diabetes has been shown to be cost effective and resulted in fewer visits to both physicians & health services, as well as reductions in the need for diabetes medications (Pastors 2002).
- The [SMILES RCT study](#) showed that seven sessions with a dietitian for dietary support to implement the Mediterranean diet (vs an intensity matched social support control) saw a significant improvement in MADRS scores in subjects with moderate to severe depression, with 32% (vs 8% of controls) achieving remission of symptoms. The dietary support intervention was found to be cost-effective as an adjunctive treatment for depression from both health sector and societal perspectives.

## Dietitians Do Prevention

The Global Burden of Disease (GBD) study quantifies and ranks the contribution of various risk factors that cause premature deaths in England. The top five are: smoking, **poor diet**, high blood pressure, **obesity**, and alcohol and drug use.

- Gloucester City has the highest level of childhood obesity in the South West. 120,000 adults in the County are classified as obese. Just a fraction of these people qualify for Specialist Weight Management Services. Many have health needs too complex to benefit from current Tier 2 weight management provisions. Dietitian-led weight management supports achievement of Quality and Outcomes Framework (QOF) indicators such as diabetes, Coronary Heart Disease, stroke and hypertension. Primary care weight management for obesity is highly cost effective ([Counterweight, 2005](#)) and [effective](#) when led by a Dietitian.
- Dietitians are playing a leading role in interventions including [DiRECT](#). This intervention saw over a third of patients in remission from Type 2 Diabetes 2 years after taking part in the programme.
- Early intervention by dietitians reduces demands on services elsewhere. For example, rising childhood obesity is linked to an increase in Type 2 diabetes ([NICE 2020](#); [Rosenbloom et al, 2009](#)) – this is reduced by dietetic input in obesity management.
- NICE recommend that evidence-based dietary advice should be given to mothers by dietitians or other appropriately trained health professionals to improve their own and their children's long-term health ([NICE, 2010](#)).
- NICE further recommends that women with a BMI of 30 or more should be offered a referral to a dietitian at the booking appointment. Impact here is crucial as this could result in better pregnancy outcomes for mother and baby ([NICE, 2010](#); [Thangaratinam et al, 2012](#)) in addition to reducing the risk of childhood obesity ([Lanigan 2018](#)). Meta analyses by [Thangaratinam \(2012\)](#) found that dietary intervention in pregnant women was associated with reduced gestational weight gain and the incidence of preeclampsia and shoulder dystocia.
- Cancer Prevention - When a diet is compiled according to [guidelines](#) it is likely that there would be at least a 60–70 percent decrease in breast, colorectal, and prostate cancers, and

even a 40–50 percent decrease in lung cancer, along with similar reductions in cancers at other sites. Such a diet would be conducive to preventing cancer and would favour recovery from cancer as well.

- Cognitive Decline and Frailty – Dietitians identify, prevent and treat the nutritional problems known to increase the risk of developing dementia, and those which can adversely affect the health and quality of life for people with dementia. Dietitians routinely provide education and advice for patients, healthcare professionals and carers to help reduce dietary risk factors. Dietitians also play a crucial role in identifying and treating malnutrition which may help to slow cognitive decline by correcting functional nutrient deficiencies and helping prevent increasing physical and cognitive frailty.

Timely and appropriate nutrition support may help keep people in their homes longer and delay premature admission to residential care. Poor nutrition and hydration in older people may lead to increased risk of falls, infections, confusion and unplanned hospital admissions. Unplanned hospital admission may result in loss of functional independence and worsening cognition that is often not recovered post discharge.

An increasing number of Primary Care Networks across the country are recognising the value of including a Dietitian as part of their Multidisciplinary Team. Having developed and supported the role of First Contact Physiotherapists working in PCN's, Gloucester Health and Care Trust will be looking to provide hosting opportunities for more professional groups in the future.

If you are interested in a conversation about the needs of your practices and how a Dietetic role might look to fit those needs please feel free to contact Carly Atkinson, Interim Head of Profession for Dietetics at Gloucestershire Health and Care Trust, for an informal discussion at [carly.atkinson@ghc.nhs.uk](mailto:carly.atkinson@ghc.nhs.uk), 01452 895155

## 1 How might a Dietitian fit in with the local healthcare agenda?

### Starting Well

- Advice for eating well in pregnancy to support better outcomes for mother and baby
- First-line advice and support for parents who suspect food allergy or intolerance including cow's milk protein allergy (reducing the risk of unnecessary dietary restrictions, ensuring more appropriate use of expensive prescription formula milks and making advice more timely and accessible to anxious parents)
- Weaning advice (early exposure to a wide range of foods predicts long-term eating habits)
- Advice for fussy eaters (with the potential to improve diet quality, reduce parental anxiety and prevent progression to ARFID)

### Living Well

Long term conditions where diet can play a significant role in aetiology or outcomes and where first-line advice could be delivered in primary care:

- Obesity
  - Diabetes, pre-diabetes and PCOS
  - Gastrointestinal Disease - e.g. first line advice for Irritable Bowel Syndrome
  - Neurological diseases such as MND and MS
  - Dementia
  - Cardiovascular Disease
  - Hyperlipidaemia
  - Hypertension
  - Cancer
  - Depression
  - Dysphagia
- Reducing health inequalities created by poor diet for groups such as the learning disabilities population and those with poor mental health
  - Evidence-based advice on diet in the case of constipation, nutritional deficiencies etc. to reduce reliance on medications
  - Early intervention for those with disordered or restrictive eating patterns to support a healthy relationship with food and prevent progression to eating disorder diagnosis

### Ageing Well

- Reducing incidence of falls and frailty alongside physiotherapy colleagues
- Providing food first nutrition support to reduce the risks of malnutrition and ensure effective use of sip feeds in the community
- Reducing hospital readmissions, incidence of pressure ulcers, constipation, aspiration risks, diabetes management, and improving energy levels and wellbeing for care home residents as part of the MDT

**References:** (where hyperlink not provided)

Pastors J.G. *et al.* The Evidence for the effectiveness of medical nutrition therapy in diabetes management. *Diabetes Care* 2002;25(3): 608-13