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# Dietitian support in primary care

Hickson, Mary



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# How dietitians support primary care

Mary Hickson, Professor of Dietetics, University of Plymouth.

Avril Collinson, Associate Professor of Dietetics, University of Plymouth

Jenny Child, Lecturer in Adult Nursing, University of Plymouth

Corresponding author:
Mary Hickson

Address: Peninsula Allied Health Centre
University of Plymouth
Derriford Road
Plymouth
PL6 8BH
Email: mary.hickson@plymouth.ac.uk
Telephone: 01752 587542

Dietitians have a unique skill-set; they are trained to assess, diagnose and treat dietary and nutritional problems linked to disease, by translating scientific data into practical guidance to enable people to make appropriate lifestyle and food choices. They require high level dietary counselling, behavioural change, and communication skills to do this. Dietitians are ideal professionals to lead the treatment of patients with conditions that are amenable to dietary manipulation, such as diabetes mellitus, cardiovascular disease, over- and under-weight, food allergies, chronic obstructive pulmonary disease, gastrointestinal, renal and liver conditions, as well as help support the management of mental health conditions. They can do this in the general practice setting to reduce the workload of general practitioners (GPs) and reduce the cost of care.

Traditionally dietitians have worked primarily in acute hospital settings but now many more are finding new roles in primary care. Demographic shifts, such as an ageing population, an increase of long-term conditions (including dementia), changes in the ethnic diversity of society, as well as health inequalities and limited funding, are forcing a rethink of the organisation and delivery of healthcare.[1] This has led to an increased demand within the primary healthcare sector at the same time as GP numbers are declining.[2] In England only one in ten GPs describe their workload as manageable and allowing safe and quality care. Employing more staff is one measure cited to help manage workload.[3] Dietitians can lead treatment in many conditions, with the GP or other members of the practice team providing support, and in doing so provide care more efficiently and effectively then conventional models of care. The updated GP contract agreement has now added dietitians to the additional roles reimbursement scheme for primary care networks.[4]

The UK government has promoted a shift away from long-established methods of working, such as the GP as the first point of contact for patients and subsequent referral to specialist treatment. There is a need to tackle work pressures within primary care and general practice[5, 6] and the skills of a dietitian have a role in the solution.

One example is the management of older patients at risk of malnutrition and frailty. A dietitian was employed as a first contact practitioner in a primary care network in Cornwall.[7] Using the electronic health records patients were screened for BMI <19kg/m$^2$. Patients who met the criteria were triaged over the telephone using the Patients' Association Nutrition Checklist, a validated nutrition screening tool.[8] Patients who had been prescribed oral nutrition supplements in the last three months, and were not already under dietetic management, were also offered a consultation. An initial face to face or telephone consultation was conducted, followed by a review three months later. Patients were provided with behavioural change techniques, tailored dietary advice and a personalised care plan, and where necessary signposted to other support services. The majority of patients improved their BMI, strength and frailty scores, which potentially improved their ability to mobilise and exercise, thus reducing the risk of falls. Correction of inappropriate oral nutritional supplement prescriptions alone resulted in a saving equivalent to double the value of the dietitian's cost (1 day a week at band 7 salary).

Dietetic-led primary care services can be commissioned by the practice to private dietitians, contracted from dietetic services based in the acute or community sectors (as in the case above), or the practice could employ dietitians directly to work as part of their team. Data shows that the numbers of direct patient care staff (other than nurses and GPs, such a pharmacists and paramedics) rose by 5.5% between 2017 and 2018 in UK general practice.[9] This indicates that new roles are emerging in other professions and the opportunity exists to utilize dietitians to improve patient care, save money and prevent future healthcare costs.

There are numerous systematic reviews that indicate dietary advice (which dietitians are uniquely trained to deliver) can improve outcomes in specific conditions, such as hypertension, management and prevention of diabetes, weight loss in children and adults, prevention of gestational weight gain and gestational diabetes, and diet quality,[10-17] and that care provided by dietitians can achieve superior outcomes to other healthcare professionals. These conditions represent a large proportion of a GPs workload. Therefore, greater utilization of dietetic interventions in the primary care setting could be an effective way to manage many common chronic diseases and reduce the burden on over stretched GPs.

Dietitians, like GPs and practice nurses, can act as 'expert generalists' and, although not necessarily a first point of contact for all patients, can be an integral member of the practice team. An example from Devon showed the benefits this can bring.[18] A dietitian was employed within a primary care network three days a week for six months. The dietitian was primarily referred patients with multiple long-term conditions (e.g. diabetes, cow's milk allergy, cardiovascular disease, frailty etc.), including those aged from 5 weeks to 102 years. Not only were improvements in clinical and financial outcomes achieved, but also support and education was provided for the team. For example, patients with diabetes were referred to a structured group education programme, with dietary reviews offered by the practice nurse if patients required it. This meant many patients did not receive personalised dietary advice and co-developed care plans, and this sometimes led to confusion; an elderly frail patient with diabetes said: *'After attending the structured education session I cut down on carbohydrates and started to lose weight'.* Clearly, weight loss was not a favourable outcome for this patient and she needed a more individualised plan. The practice nurse recognised that she did not have the correct training, and was unsupported in this role, a feature

found in other research.[19] Dietitians are able to provide education and training for practice nurses in the dietary management of diabetes, so they feel better equipped to provide dietary advice for uncomplicated patients. In the scenario above the practice nurse could refer complex patients direct to the dietitian to be seen individually. The dietitian also enabled early consultations for patients unwilling or unable to wait for group education sessions, thus providing a significantly better quality service.

In this example a focus group helped us understand in more detail the added value of having a dietitian embedded within the primary care practice. Practitioners talked of the *ad hoc* learning they gained through collaborative discussions in coffee breaks, where they felt able to ask the dietitian questions. Similarly they could consult the dietitian as they were seeing a patient or they may refer the patient directly to the dietitian, changing the consultation process to utilise specialist knowledge and skill resource effectively. Patients discussed the change from being 'the patient' to learning about their condition and becoming an active participant in their treatment plan, understanding its rationale and relevance. This approach influenced their behaviour becoming advocates of their newfound knowledge, keen to share their experience and learning with others. This resulted in two patients cascading information successfully to two other family members, informing them of their experience and resulting in them self-referring to the dietitian for a consultation. In turn these patients gained a diagnosis and treatment plan. The dietitian's expert knowledge excited greater enquiry in practitioners and patients, enabling a deeper awareness in order to achieve the right care.

The dietitian was able to form truly collaborative relationships with patients who felt actively engaged in the care process and understood the rationale. This promoted a person-centred approach that engaged the individual, making the health plan workable and achievable, thereby strengthening compliance; '*the dietitian worked with me rather than at me*'. The influence of the role went beyond the mere treatment plan; '*I felt safe and understood*'. In one case the dietitian's specialist knowledge enabled accurate diagnosis, something that had not been achieved in a number of months, which brought security and renewed confidence in the service.

The dietitian had influence through her presence in the practice and engagement with the rest of the practice team, where her support and expertise enhanced referral processes and participant satisfaction. The pharmacist recognised that prescribing patterns were changing; where there had been a cascade of medicines prescribed this reduced, potentially saving money. The dietitian also influenced the inter-professional team in the care homes, enhancing job satisfaction by enabling skills to be utilised efficiently and with patients having a quality experience; '*she made it simple which made me confident that I could do it*'.

The employment of a dietitian in the practice had significant and wide spread effects, rather like the ripples on a pond (figure 1). Her influence was key to improved patient-centre care and compliance of patients with their necessary treatments. She altered positively the skill utilisation within the practice and enhanced staff job satisfaction. It is clear that her influence would also have reached more widely to ensure optimal referral to specialist treatments and a reduction in possible adverse clinical outcomes, such as hospitalisation or repeated GP visits when treatment was ineffective. These examples show just some of the ways dietitians can support quality patient-centred care in the primary care setting; offering a valuable and cost effective resource to general practice. Dietitians can enable practice managers to deliver tailored services to provide more effective and efficient care to their patient population, particularly for those with long-term conditions and conditions managed through dietary manipulation.


Figure 1: The ripples on the pond illustrating the influence the dietitian had on practitioner and patient experience

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