

Dietitians in Primary Care

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Dietitians in Primary Care

- [GP contract](#)
- Dietitians part of this since April 2020
- Aim is to add 26,000 extra staff in to primary care from the MDT = 7 WTE per average PCN
- [AHP implementation guide](#)

What does the DES say?

- Band 7
- BSc or MSc in Dietetics under a training programme approved by the British Dietetic Association (BDA);
- Registered member of the Health and Care Professionals Council (HCPC);
- Able to operate at an advanced level of clinical practice;
- Has access to appropriate clinical supervision and an appropriate named individual in the PCN to provide general advice and support on a day to day basis.

Dietitians

- Eligible for prescribing status (supplementary) as of 2016
- Most NHS dietitians are employed in acute or community trusts
- Dietitians in primary care an emerging role
- Important to engage and understand what your local nutrition and dietetic service offers to avoid duplication – regardless of how the PCN dietitian is employed

FCP or dietetic-led models?

What is the difference?

“FCP is a diagnostic clinician working in Primary Care at the top of their clinical scope of practice....This allows the FCP to be able to assess and manage undifferentiated and undiagnosed presentations”¹.

“A dietitian-led clinic is any clinic run and managed by a registered dietitian....patients with relevant diagnoses are referred by another healthcare professional”²

5 identified areas

- Gastro
- Diabetes
- Frailty
- Obesity

- Infant feeding difficulties* including CMPA

*Most dietitians at a band 7 level are adult OR paediatric trained

What could be different?

Gastroenterology e.g. IBS

- Patients with undiagnosed IBS see GPs 10 times more frequently than matched patients
- one in 12 GP consultation are for gastro symptoms – 46% of which were diagnosed as IBS (NICE, 2017).
- Dietetic advice can reduce symptoms in 70% of patients

Reference:

[BDA primary care paper](#)

IBS – without PCN dietitian

1st GP consultation:

- Assess for red flags – nil present - Suspected IBS
- Takes history
- GP orders tests – FBC, Faecal Calprotectin, Stool MC&S, CRP, ESR, Baseline weight, Ca125 and Pelvic ultrasound (if female and relevant), Coeliac screen

2nd GP consultation: If tests normal:

- provides first line dietary advice
- provides first line pharmacology advice

3rd GP consultation:

- review if responding to treatment. If not refer to dietitian/ consultant in secondary care

Dietitian provides specialist dietary input and / or refers to gastro consultant if indicated

IBS – With PCN dietitian (FCP)

1st consultation with First Contact Practitioner dietitian:

- Assess for red flags – nil present - Suspected IBS
- Takes history
- FCP orders tests – FBC, Faecal Calprotectin, Stool MC&S, CRP, ESR, Baseline weight, Ca125 and Pelvic ultrasound (if female and relevant), Coeliac screen

2nd FCP consultation: If tests normal:

- provides first line dietary advice
- provides first line pharmacology advice

3rd FCP consultation:

- review if responding to treatment. If not move on to specialist dietary interventions such as low FODMAP / exclusion

4th FCP consultation:

- review if responding to treatment. If not consider referral in to secondary care for investigations

CMPA - without PCN dietitian

1st GP consultation:

- Assess for red flags – nil present - Suspected CMPA
- Take allergy history
- advises on dairy-free trial (if breast fed baby) +/- trial of 1st line infant formula prescribed
- advises on dairy reintroduction CMPA diagnostic trial after symptomatic improvement on dairy-free trial

2nd GP consultation: If CMPA confirmed

- GP refers to secondary care dietitian
- initiates repeat prescription of 1st line infant formula
- If symptoms not fully improved GP seeks advice from DT or Paediatrician for a trial of second line infant formula

GP continues to prescribe 1st or 2nd line infant formula until baby is 12 months old

Dietitian input: Education for parents on management of CMPA, dairy free weaning and diet, weaning off specialist formula and re-introduction of dairy

CMPA - With PCN dietitian

GP consultation:

- Assess for red flags – nil present - Suspected CMPA
- Refers to PCN paediatric dietitian

1st dietitian consultation:

- Take allergy history
- advises on dairy-free trial (if breast fed baby) +/- trial of 1st line infant formula prescribed
- advises on dairy reintroduction CMPA diagnostic trial after symptomatic improvement on dairy-free trial

2nd dietitian consultation: If CMPA confirmed

- initiates repeat prescription of 1st line infant formula
- If symptoms not fully improved consider trial of 2nd line infant formula
- Initial advice on CMPA management/dairy free diet
- Education group for parents on management of CMPA, dairy free weaning /diet

Dietitian continues to prescribe 1st or 2nd line infant formula until baby is 12 months old

3rd Dietitian consultation:

- sees patient at appropriate time to discuss reintroduction of cow's milk and weaning off formula

Development of Primary Care dietetics

- Dietetic Roadmap from FCP to ACP (June 2021)
- Advanced Practice Primary Care Credentials (Summer 2021)

Are they ready made?

- Dietitians in primary care = an emerging role therefore they need orientation and clinical supervision
- A dietitian at the right level of competence will be working autonomously. Supervision should be within practice to ensure patient and practitioner safety by a GP or AP.
- Focus will be on core capabilities rather than dietetics

Next steps?

- Talk to your HEE Primary Care AHP Ambassador for dietetics (tanya.rumney@nhs.net)
- Engage with your local nutrition and dietetic provider
- Strongly recommended that there is a dietitian on the selection and interview panel

References

1. First Contact Practitioners and Advanced Practitioners in Primary Care: (Paramedic) [click here](#)
2. Dietitian-led clinics in primary care [click here](#)

Dietitians interested in Primary Care?

- The British Dietetic Association (BDA) has a number of helpful discussion forums including;
 - Primary Care
 - Supplementary Prescribers
 - Advanced Clinical Practice
- To join, email: edpd@bda.uk.com