

FIRST CONTACT

Dietitian

Dietitians in primary care:
A guide for general practice

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Background

The *NHS England Five Year Forward View* (1) and *The NHS England General Practice Forward View* (2) both support the need to review and enhance the wider skills of other healthcare practitioners and professionals to support primary care.

Dietitians can fulfill the *Primary Care Workforce Commission* (3) vision, assisting with:

- managing significant parts of the primary care workload
- enabling people with long term conditions to maintain independence

In 2020, the *Network Contract Direct Enhanced Service (DES) Additional Roles Reimbursement Scheme (ARRS)* was expanded in England to include dietitians at indicative of agenda for change pay band 7 (4). In 2021, this was updated to include dietitians at indicative of agenda for change pay band 7 and band 8a (5).

This guide compliments the *NHS England and NHS Improvement Allied Health Professionals (AHPs) working in primary care reference guide for primary care networks* (6) - setting out what good practice looks like and how AHPs can improve patient care.

The role of the dietitian in primary care

What dietitians do

Registered dietitians are the only qualified health professionals that assess, diagnose and treat dietary and nutritional problems at an individual and wider public health level. Dietitians use the most up-to-date public health and scientific research on food, health and disease which they translate into practical guidance. They utilise behaviour modification methods and motivational interviewing techniques as well as innovative digital practice to enable service users to make appropriate lifestyle and food choices to manage their own conditions, and so have a significant impact on clinical outcomes.

Dietitians as first contact practitioners in primary care

The key role requirements can be found in the *Network Contract DES – contract specification* (7). This is not a comprehensive list and PCNs should determine job descriptions based on the first contact practitioner (FCP) role, the service needs, and requirements set out in the *Network Contract DES* which outlines clinicians working at this level of practice.

These roles will progress dietetics from the traditional 'dietitian led' model (patients are referred by another healthcare professional and the clinic is run and managed by the dietitian) to the FCP model. As an FCP, the dietitian is a diagnostic clinician who sees the patient first and assesses and manages undifferentiated and undiagnosed presentations. This fulfils the requirements of the ARRS of a clinician working clinically at an advanced level of practice.

These first contact dietitians (FCD) will be able to support adult patients with a range of conditions. This range will include the following*:

- Diabetes (which may include assessing levels of motivation to support identification of appropriateness for very low-calorie diet programmes)
- Weight management
- Frailty
- Functional bowel disorders and Coeliac disease

*This list may be expanded to include other areas of practice, such as paediatrics, dependent on the dietitians' training, experience and scope of practice.

For nutrition and dietetic related conditions, the dietitian will offer first-line advice and refer onto specialist services where appropriate. For all other conditions, the dietitian will refer to the appropriate healthcare professional.

As part of this role, the dietitian may also:

- Provide training to staff within the GP practice, for example, first-line dietetic support for patients with diabetes
- Review the evidence-base to develop, update or signpost to appropriate resources for patients. These may include apps, leaflets or websites
- Assess and review appropriate prescribing of nutritional borderline substances. This includes oral nutritional supplements and, where competent in paediatrics, specialist infant formulae in those under the age of one
- Support self-care through signposting to services such as social prescribe and expert patient programmes
- Gain supplementary prescribing rights (with additional training) to review appropriate prescribing and where necessary, deprescribe prescription only medicines. Dietitians are currently undertaking this with a range of prescription only medicines which include, but are not limited to: insulin and oral hypoglycaemic agents, laxatives, pancreatic enzyme replacement therapy, proton pump inhibitors, prokinetics, bile acid sequestrants, anti-diarrhoeals, antiemetics, phosphate binders/alfacalcidol, and parenteral nutrition
- Support routine long term condition reviews
- Support the management of patients with multimorbid health conditions where there may be conflicting advice around nutrition therapy; for example, managing cardiovascular disease and malnutrition

Effectiveness of dietitians in primary care

The references below highlight the clinical and cost effectiveness of dietitians in primary care within prevention and long-term condition management. Dietitians are also able to support pre-habilitation and rehabilitation to optimise patient outcomes.

Prevention

Diabetes

- Diabetes prevention programmes that focus on lifestyle interventions are effective at reducing body weight and blood glucose levels. Programmes delivered by dietitians had greater weight loss outcomes (8).

Cognitive decline

- The Mediterranean diet may protect against dementia by reducing cognitive decline (9). When appropriate, dietitians can support patients to follow evidence-based dietary patterns such as the Mediterranean diet.

Treatment

Gastroenterology

- Gastrointestinal conditions represent one in every 12 GP consultations, with IBS being the most prevalent (10). Those with undiagnosed IBS visit their GPs ten times more frequently than matched patients (6).
- Dietetic input in IBS has shown a 36% reduction in referrals to secondary care, reduction in symptoms for 70% of patients and improvements in quality of life for 74% of patients (11).

Frailty

- Frailty increases the risk of falls, hospitalisation and mortality (12). Effective treatment includes a combination of protein supplementation and muscle strength training (13). Although they are two distinctive conditions, frailty and malnutrition are related (14).
- Malnutrition is estimated to affect over 3 million people in the UK. It leads to increased GP visits, prescription costs and referrals to secondary care (15). The overall cost of treating a malnourished patient is two-to-three times more than treating a non-malnourished patient (16). 75% of patients screened in primary care were at risk of malnutrition, indicating that there is likely a large cohort of at-risk patients in need of dietetic intervention in most general practices (14).
- Following dietetic intervention, patients improved various outcomes measures including; weight, BMI and hand grip strength. (14).

Diabetes and overweight/obesity

- A systematic review of randomised controlled trials (17) found that dietitians in primary care were also effective at improving diabetes control, achieving reductions in weight and waist circumference as well as improving diet quality.
- Dietitians have supported the DiRECT trial (meal replacements followed by a food reintroduction programme). After 2 years, more than a third of people with type 2 diabetes saw sustained remission (18). Similarly, a smaller feasibility RCT demonstrated successful weight loss and type 2 diabetes treatment with food-based approaches delivered in primary care (19).
- Supervision of patients using total diet replacement has been shown to be effective in achieving weight loss in primary care as seen in the DROPLET trial (20). Similarly, the COUNTERWEIGHT trial showed significant weight loss by a dietitian-led, practice nurse delivered, successful weight loss programme in primary care (21).

Hypertension

- Dietary approaches have long been known to treat hypertension (22) and dietitians can support the delivery of these.

Reducing hospital readmissions

- Appropriate and early frail elderly pathway interventions including dietetic input can reduce hospital readmission in patients with frailty by 67% (23).

Patient satisfaction

- Patients receiving dietetic support in primary care rated the service highly (14).

Managing usage of nutritional borderline substances

- Significant projected total annual cost savings of £15,379 were made by a dietitian reviewing oral nutritional supplements in just 27 patients (14).

- In Northern Ireland, following dietetic assessment for patients who had not previously been seen by a dietitian, prescribing support dietitians recommended a 66% reduction or change in oral nutritional supplements with estimated total efficiencies of £535,333 over a 12-month period (24).

Pay structure

The pay structure for dietitians will depend on the service needs and should be in line with NHS Agenda for Change as a minimum. This will reflect the level of knowledge, experience and expertise of the dietitian. It is important to note that:

- A dietitian working as a first contact practitioner is a diagnostic clinician working in primary care, at the top of their clinical scope of practice. HEE recommend first contact practitioners to be on a pay band equivalent to agenda for change band 7 or above (25).
- A dietitian working as an advanced practitioner should be working towards a pay band equivalent to agenda for change band 8a or above (25).
- If a dietitian is employed at pay band equivalent to agenda for change band 5 and 6, they must have access to supervision from a senior dietitian with relevant experience and must not be required to work at a level beyond that expected of equivalent staff employed in an NHS trust. A dietitian working at this level cannot work as a First Contact Practitioner.

How to access a dietitian within a primary care network

There are several ways to access a dietitian through DES in a PCN, these include:

- **A service level agreement with a local NHS trust dietetic department** – this is likely to be the preferred option for most PCNs as training, profession-specific supervision and mentoring will already be in place, along with cover for annual leave, sickness and maternity leave. It also prevents potential duplication of services
- **Service contract with a freelance dietitian** - working on a contractual basis
- **A dietitian employed directly by the PCN**

The HCPC requires that dietitians participate in training, supervision (continuing professional development and clinical) and mentoring. As local NHS trust dietetic departments have a structure in place to support this, this may be the preferable option for both the PCN practice and dietitian.

Below are the different routes and the advantages/considerations for each. Before deciding on a preferred route, please contact your local nutrition and dietetic department to discuss this with them.

Service level agreement with a local NHS trust dietetic department

Primary care networks can choose to have a service level agreement for a whole-time equivalent dietitian or two part-time dietitians (to ensure annual leave is covered).

Advantages	Considerations
Dietitians would remain part of a wider dietetic team with access to training, support, and expertise in specialist areas.	It is important that the dietitian is fully integrated into the PCN to ensure effective team work.
Training, profession-specific supervision and mentoring will already be in place.	Choosing a model of two part-time dietitians job sharing (normal job-sharing rules apply), or two alternative part-time contracts, will help enable a seamless service during any annual

<p>The patient pathway from acute to community may be more seamless.</p> <p>The dietitian will be aware of current specialist dietetic services available. Avoiding duplication and ensuring the best skilled practitioner treats the patient.</p> <p>Cover for annual leave, sickness and maternity leave will be available.</p> <p>The dietitian will remain on agenda for change pay scale and therefore have continued access to employer benefits such as the NHS Pension Scheme.</p>	<p>leave or sickness and provide different skill sets.</p>
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Freelance dietitian working on a contract basis and or dietitian employed directly by the PCN

Freelance (self-employed) dietitians who specialise in primary care have a huge range of expertise in diet and nutrition. Like all UK dietitians, freelance dietitians are fully qualified, HCPC registered and most are members of the BDA with considerable first-hand experience of managing the nutritional care of patients with long term conditions. A freelance dietitian will be able to discuss the particular needs of the PCN and propose how the in-house service might run. A service contract can be set up between the PCN and the freelance dietitian. Visit <https://freelancedietitians.org/> to find a freelance dietitian.

Advantages	Considerations
<p>Dietitians can fully integrate into the practice team.</p> <p>Service contract with a self-employed dietitian will allow flexibility to agree the number of sessions required, and rates for the sessions.</p> <p>Practice employment, and health and safety policies would only apply if the dietitian was employed by the PCN directly. If on a freelance service provider contract, they would not be treated in the same way as an employee. Specific clauses relating to working arrangements would need to be built into the contract.</p>	<p>The dietitian will be working in isolation from profession-specific peers and will need to consider access to profession-specific continuing professional development, mentoring and supervision.</p> <p>The dietitian will not be on agenda for change terms and conditions and will therefore need to be aware that they will not have access to annual leave, sickness and maternity leave as per NHS agenda for change terms and conditions.</p> <p>We strongly suggest the PCN and dietitian communicate with the local dietetic department to prevent duplication of dietetic services.</p> <p>The PCN must be aware of the statutory regulator of dietitians (HCPC) and their standards which includes ensuring access to training, supervision and mentoring.</p> <p>The GP practice will need insurance in place to cover vicarious liabilities.</p>

Dietitian employed directly by the primary care network

The PCN could choose to employ a dietitian directly.

Advantages	Considerations
<p>Dietitians can fully integrate into the practice team.</p> <p>Practice employment, and health and safety policies would apply to the dietitian in the same way as other members of staff.</p>	<p>The PCN must be aware of the statutory regulator of dietitians (HCPC) and their standards which include ensuring access to training, supervision and mentoring.</p> <p>The dietitian will be working in isolation from profession-specific peers. Therefore, they will need to be supported to access profession-specific continuing professional development, mentoring and supervision, which may come from the local NHS trust nutrition and dietetic department. This would be subject to a local agreement or memorandum of understand with the trust.</p> <p>The dietitian will not be on agenda for change terms and conditions of employment and therefore the PCN will need to agree in advance with the dietitian arrangements for annual leave, sickness and maternity leave etc.</p> <p>There would be no automatic right to access the NHS pension scheme.</p> <p>We strongly suggest the PCN and dietitian communicate with the local dietetic department to prevent duplication of dietetic services.</p> <p>The GP practice will need insurance in place to cover vicarious liabilities.</p>

Implementation checklist for the PCN

1. Develop and agree the dietetic service to be provided

- a. In-line with the FCD role and based on the needs of the primary care network population and strategic objectives of the practice.
- b. Any service level agreement with the local NHS trust dietetic department should be agreed with the multidisciplinary team and clinical lead for the dietetic service.
- c. If a service contract with a freelance dietitian is chosen, this should be agreed with the MDT and freelance dietitian. We would also strongly advise considering other dietetic services available that may be provided by local NHS trusts and the referral process into these.

- d. Develop specific and measurable outcomes for the dietetic service and consider how these will be evaluated to evidence the impact of the service.

2. Job description and job specification

- a. It is a legal requirement that the dietitian must be HCPC registered.
- b. If accessing a dietitian through a service level agreement with the local NHS trust dietetic department, they will manage the job description, person specification and interview process.
- c. If accessing a dietitian directly, an example job description can be found here: <https://bda.uk.com/FCP-Job-Description/>
- d. Seek advice on what level of experience and knowledge is required to meet job specification (the local NHS trust nutrition and dietetic service may be able to offer advice on this).

2. Advertise job and interview

- a. The British Dietetic Association has a Dietitians Jobs website: <https://www.dietitiansjobs.co.uk/> through which dietitians commonly search for jobs, as well as NHS jobs.
- b. Your local NHS trust nutrition and dietetic service may support you with the interview process to ensure candidates have the appropriate skill, knowledge and experience. We recommend you contact them directly to ask for this support.

3. Governance

- a. Enable and agree a process for continuing professional development (CPD) requirements. We recommend the job includes a minimum of 20% CPD in line with the 20% off-the-job training requirement for apprentices <https://www.gov.uk/government/publications/apprenticeships-off-the-job-training>. The role should include training, supervision and mentoring for HCPC registration, and ongoing competent practice.
- b. Agree regular appraisal (to include CPD plan) and peer review.
- c. Dietitians working as first contact practitioners or advanced practitioners will need to provide evidence against the knowledge, skills and attributes included in the dietetic roadmap. Access the roadmap here: https://www.hee.nhs.uk/sites/default/files/documents/Dietetic-Nov21%20FILLABLE_1.pdf
- d. Encourage your dietitian to email the BDA info@bda.uk.com to join the BDA primary care discussion forum to share knowledge and experience with others working in primary care.

4. Other considerations

- a. It is a legal requirement that the dietitian have professional indemnity insurance (this could be provided by being a full member of the British Dietetic Association).
- b. Agree a process for requesting blood tests and investigations.
- c. Agree processes for supplementary prescribing and Patient Group Directions

- d. Agree attendance at the regular GP and MDT meetings.
- e. Agree suitable appointment times, we recommend 30 minutes.
- f. Ensure suitable clinic space and computer access are available.
- g. Ensure administration support is available.
- h. Ensure annual appraisals are undertaken.

Conclusion

This document provides practical guidance and information enabling PCN's to secure a dietitian.

Our commitment to you:

The BDA is committed to assist the development and promotion of the FCD in primary care. We will do this by promoting and supporting these exciting and progressive career roles through our internal channels of communication, to the current population of qualified dietitians and also dietetic students - the dietitians of the future.

Your commitment:

The BDA asks that:

- PCNs take this timely opportunity to include dietitians as integral members of the GP practice team, to improve the nutritional care of their PCN populations.
- Integrated Care Boards (ICB) and commissioners of dietetic services consider recruiting additional dietitians in primary care, to meet the demand for nutritional care in the community.

Supporting information

[Allied health professionals working in primary care Reference guide for primary care networks](#) sets out what good practice looks like for AHPs in primary care, as well as employment options and practical consideration.

[BDA First Contact Dietitian webpage](#) includes further information on these roles.

[The Primary Care Home](#) model is a form of multispecialty community provider that aims to re-shape the way primary care services are delivered, based on local population needs. They focus on healthcare teams working together from all disciplines and encouraging partnerships across primary, secondary, social care and the third sector.

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