

## **Response to NHS 10-Year Plan Change Consultation**

### **Introduction**

We, the British Dietetic Association are grateful to provide our detailed response to the NHS 10-Year Plan change consultation. The role of dietitians in tackling diet-related conditions is more critical than ever. As an organisation of over 10,000 dietetic professionals (dietitians and support workers, hereafter collectively referred to as the dietetic workforce), we are committed to enhancing the health of the public through nutrition and dietetics. We appreciate the opportunity to contribute our insights and recommendations, particularly emphasising the critical areas of workforce expansion and preventive healthcare. By expanding and supporting the dietetic workforce, we can help deliver significant improvements in public health, reduce the financial burden of chronic conditions on the NHS, and reduce health inequalities. One of the 14 Allied Health Professions, we are aware that the Allied Health Professions Federation (AHPF) have submitted a response on our collective behalf, one to which we have contributed and fully support.

### **QUESTION ONE: WHAT WOULD YOU LIKE TO SEE INCLUDED IN THE NHS 10-YEAR PLAN:**

#### **Workforce Development and Emphasis on Prevention through dietetic intervention.**

The dietetic workforce is indispensable for prevention in the United Kingdom, playing a crucial role in mitigating the burden of chronic conditions and enhancing public health. Dietitians are at the forefront of preventing and managing diseases such as diabetes, cardiovascular disease, and obesity through tailored nutritional interventions. For instance, effective dietary management can significantly reduce the risk of type 2 diabetes, which affects over 4 million people in the UK. The cost-effectiveness of dietetic interventions is well-documented; every £1 invested in dietetic services can save the NHS up to £10 by preventing hospital admissions and reducing the need for expensive treatments (BDA, 2017). Furthermore, dietitians contribute to public health initiatives, such as weight management programs, which have been shown to reduce obesity rates, a condition currently costing the NHS £6.1billion.

Expanding the preventative role of the dietetic workforce in the United Kingdom is essential for improving public health and reducing healthcare costs. It is crucial to acknowledge that there are 2 types of prevention facing the NHS: preventing illness within the public and preventing the progression of an illness, a dietitian can add value to both, particularly the latter. For example, diabetes and diabetic care. Effective dietary management can significantly reduce the risk of type 2 diabetes. The cost-effectiveness of dietetic interventions are well-documented; every £1 invested in dietetic services can save the NHS up to £10 by preventing hospital admissions and reducing the need for expensive treatments (BDA 2017). 10% (estimate £10billion) of NHS annual spending is allocated to diabetes, treating this mostly preventable condition (around 90% of those with diabetes have type-2) (Diabetes UK, 2024), 100% of type-2 diabetes mellitus (T2DM) could be prevented or significantly delayed through diet and lifestyle interventions. A key measure within diabetes is the glycated haemoglobin blood test (HbA1c), just a 1% reduction in this test finding reduces T2DM costs within the NHS by 13%, and on average dietitians achieve 1.2% reduction in glycated haemoglobin. Importantly, to effectively reduce costs associated with preventable complications of diabetes, the reduction in HbA1c need to be seen within the first few years following a diagnosis, through intensive diet and lifestyle support, which is the cornerstone of dietetic practice. If the NHS 10-year plan takes advantage of such success in this one area alone, just 1 specialist dietitian in each

GP practice could yield a return on investment of 186%, creating an annual NHS saving of £1.3billion – too large a triumph to overlook.

For every £1 invested in expanding the NHS workforce, £4 is generated in wider economic benefits. Investing in dietitians is not only essential to addressing current shortages but also offers a high return on investment for long-term sustainability. As of 2023, there are approximately 9,000 registered dietitians and 194 dietetic support workers working within the NHS. The number of vacancies for urgently needed dietitians and support workers is growing so fast the data cannot keep up, leaving a large gap between supply and demand and this demand is expected to substantially increase within the next decade. This gap is expected to widen, as the demand for dietitians is projected to increase considerably over the next decade (Blair et al., 2022). The shortage of dietitian's staff and vacancies is placing immense pressure on existing staff, leading to increased workloads and potentially compromising the levels of safe staffing; a risk to patient safety with care settings. This scarcity is exacerbated by the growing demand for dietetic services, driven by rising rates of chronic diseases and an aging population. There is an urgent need to strengthen recruitment pathways through partnerships with educational institutions and increase the number of dietetic placements. The NHS Long-Term Workforce plan did not go far enough into the expansion of the dietetic workforce. It stated that there would be (if implemented correctly) 71,000-76,000 increase of allied health professionals combined, which is hardly sufficient to answer this momentous shift to prevention. While we are aware this is being reviewed in 2025, enhanced engagement and inclusion of the dietetic workforce and this association will ensure our invaluable practice is wholly acknowledged and expanded.

The NHS 10-year plan should include robust recommendations for expansion of the dietetic workforce. The vital care that the dietetic profession provide is greatly needed due to our expert practice in cost effective diet interventions that prevent ill; keeping people well and in work. Currently, 1 in 3 people of working age have long term conditions, 100% of which are improved through diet and lifestyle interventions. The latest projections show, 7% of working age people, 2.8 million, are economically inactive due to long-term sickness (up to Feb 2024), intervening with these people first hand in primary care settings can have great improvements to large numbers of those with long-term sickness. Approximately 1 in 12 GP appointments are patients presenting with gastrointestinal symptoms. Timely and accessible first-line advice from a dietitian in primary care services has shown significant improvements, including reduction in use of medications, referral to secondary care and GP time (Atkinson, 2022). Dietitians will undoubtedly help the NHS tackle some of its biggest preventative challenges, save money and most importantly save lives.

Integrating dietitians into primary care settings can ensure that patients receive comprehensive dietary advice as part of their routine healthcare, helping to prevent chronic conditions such as diabetes and heart disease. Public health campaigns led by dietitians can raise awareness about accessing their services as well as the importance of nutrition and healthy eating habits, reaching a broad audience and encouraging healthier lifestyles. Promoting public awareness in preventative measures and building trust is vital for patients to become more accustomed to prevention over treatment. Prioritising the development of dietitians underscores the NHS's commitment to comprehensive, preventative, and people-centred healthcare.

## **QUESTION TWO: CHALLENGES AND ENABLERS FROM HOSPITAL TO COMMUNITY:**

### **Challenges:**

A move from hospitals to community will be most welcomed by both dietitians and all Allied Health Professionals. We believe that there is a strong and necessary requirement for the NHS to evaluate and deem the definition of hospital services, and where is care and support most needed in what is often an acute and critical scenario. Enabling dietitians in these settings for example to focus on supporting discharge and post discharge, particularly of our older population, who make up a large volume of the hospital inpatient population at any one time.

Shifting care from hospitals to the community in the United Kingdom presents numerous challenges, particularly within dietetic services. Funding constraints are a significant barrier, as adequate financial resources are essential to support the expansion of community-based dietetic roles and services. Infrastructure development is also critical, requiring investment in facilities and technology to enable effective community care. Fragmented care and communication barriers between hospital and community services can lead to disjointed patient experiences and hinder the continuity of care.

Additionally, patient awareness and acceptance of community-based dietetic services are crucial for successful implementation, as is ensuring accessibility for all patients, including those in remote or underserved areas. Addressing these challenges requires a coordinated effort to improve funding, infrastructure, professional development, and public awareness, ultimately leading to a more integrated and effective healthcare system.

### **Enablers:**

Developing integrated care models that promote collaboration between hospitals and community services can enhance the effectiveness of community-based care. Integrated care systems can enhance collaboration between dietitians and other healthcare providers, fostering a holistic approach to patient care. However, these systems must place Allied Health Professionals alongside leading professions on their boards. All boards need to have the representation of a Chief Allied Health Professional to ensure AHP perspectives shape decision-making at the highest levels. These roles would advocate for community-focused care, foster integration, and drive workforce planning for AHPs within ICSs, thereby enabling more effective and coordinated community care. Dietitians also play a vital role within the broader Allied Health Professions (AHP) workforce, contributing their unique expertise in nutritional science to multidisciplinary teams. By working collaboratively with other AHPs, doctors, consultants and nurses, dietitians help deliver holistic, patient-centred care.

As Gloucestershire Primary Care Trust highlighted within the community 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” (Atkinson, 2022). Committing to expanding the dietetic workforce within primary care, therefore gives an opportunity for cost effective interventions early in a patient’s diagnosis, reducing the financial burden of managing these conditions in the long term.

The benefit of dietitians in the promotion of moving care from hospitals to community is a significant cost-benefit to the increased expansion of their workforce within the community. The integration of dietitians into primary care teams has been shown to enhance chronic disease management, with studies indicating that such integration can reduce hospital admissions by up to 30%. A pilot programme focusing on high-risk areas, where community-based dietitians address chronic disease

management and malnutrition, could provide valuable evidence for broader implementation across Integrated Care Systems (ICSs). This approach ensures resource allocation is evidence-driven and practical, and a direct support to the shift to care within the community.

Finally, adopting a service user-centred care model ensures that dietary interventions are tailored to the unique needs of individuals, improving patient outcomes and satisfaction. By implementing these recommendations, the UK can significantly enhance the preventative impact of its dietetic workforce, ultimately leading to better health outcomes and reduced healthcare costs.

### **QUESTION THREE: WHAT ARE THE BIGGEST CHALLENGES AND ENABLERS REGARDING SHIFT FROM ANALOGUE TO DIGITAL:**

#### **. Challenges:**

Initial costs for implementing digital systems can be prohibitive, requiring significant investment in technology and infrastructure as well as integrating digital systems with existing healthcare infrastructure can be complex and time-consuming, often leading to fragmented care.

Skill gaps among dietitians, who may not be fully trained in digital tools, further complicate this shift. Some dietitians may lack the necessary digital skills to effectively use new technologies. Comprehensive training programs are essential to bridge this gap and ensure smooth adoption, which in turn will grow confidence augmenting the resistance to change

Additionally, digital poverty, where patients lack access to necessary technology, can hinder the effectiveness of digital interventions. For example, Ofcom found in 2021 that 1.5million households in the UK did not have access to the internet, which can limit the reach of digital health services.

There also needs to be consideration and recognition the importance of in-person interaction for some people. Going out to appointments can be beneficial for both physical and mental health. Attending appointments can serve as an early therapeutic goal, creating a sense of accomplishment and progress for those either recovering from procedures or as part of regular treatment.

#### **Enablers:**

The digital transition offers an opportunity to make dietetic services more accessible and efficient. Dietitians can play a key role in delivering remote care, particularly to underserved populations, through well-integrated digital systems. Ensuring equitable access to these technologies while addressing digital poverty through targeted community initiatives is critical to the success of this shift.

Transitioning from analogue to digital healthcare presents several enablers for dietitians in the United Kingdom, despite the challenges. Initial costs for digital transformation can be offset by long-term savings and improved efficiency, as digital tools streamline administrative tasks and enhance patient care. Overcoming resistance to change and addressing skill gaps requires strong leadership and clear communication about the benefits of digital healthcare through targeted training programs ensures dietitians are proficient in using new technologies, fostering a more digitally literate workforce. These enablers can help create improved patient outcomes and more personalised care, for example using technology to enable service users to inform their care and consultation outcomes by uploading important data about their health prior to consultations, giving much more time for the dietitian to prepare and provide strengthened recommendations.

Tackling digital poverty is essential, ensuring all patients have access to digital health services, which can be achieved through community initiatives and government support. For example, digital interventions in dietetics often lead to a significant improvement in patient adherence to dietary

recommendations. By leveraging these enablers, the dietetic workforce can successfully navigate the digital transition, ultimately enhancing the quality and accessibility of healthcare.

#### **QUESTION FOUR: WHAT ARE THE BIGGEST CHALLENGERS AND ENABLERS REGARDING THE SHIFT FROM TREATMENT TO PREVENTION:**

The dietetic workforce is a lynchpin in preventative care. Dietitians' unique ability to understand the prevention process in diseases that are costing the NHS a substantial amount of resource and money. Dietetic intervention at early stages in both treatment, chronic management and prevention across the life-course can reduce demands on pressurised services elsewhere within the NHS unlike other professions. Investment in the dietetic workforce including support workforce is, by its symbiotic nature, one of the largest endowments into prevention achievable to the NHS.

There are a number of ways that dietitians 'do' prevention including, but not limited to:

- diabetic management
- cancer prevention; it has been estimated that 30-40% of all cancers can be prevented by dietary interventions alone (Donaldson, 2004)
- cognitive decline; preventing the nutritional problems known to increase the risk of developing dementia. Dietitians in care setting can also identify and treat malnutrition which may help to slow cognitive decline by correcting functional nutrient deficiencies and helping prevent increasing physical and cognitive frailty (Atkinson, 2022)
- mental health; give helpful and safe advice to support people where their mental health is impacting on their use of food.

If we highlight mental health for example, referrals are increasing by 3% in adults and 11.7% in children per year. We know that people with severe mental illness are 1.8 times more likely to have obesity, and have a life expectancy 15-20 years lower than the general population. People with chronic diet-related conditions (for example diabetes, cardiovascular conditions) are more likely to have common mental health conditions. Dietitians have a pivotal role in care of people with both common and severe mental illness. They provide vital care in addressing nutritional deficiencies, managing weight, ensuring a balanced diet as well as managing the side effects that some medications can have on appetite and weight through tailored, holistic planning, alongside multidisciplinary teams also providing training on how to develop a positive relationship with food.

Shifting care from treatment to prevention in the United Kingdom presents significant challenges for the dietetic workforce; deeply rooted in healthcare culture and resource allocation. The traditional focus on treatment over prevention is ingrained in the healthcare system and society at large, making it difficult to reallocate resources towards preventive measures. Workforce shortages exacerbate this issue, with a notable shortage of dietetic professionals further straining the system. Training and education for dietitians often emphasise clinical treatment rather than preventive care, limiting their preparedness for this shift. Retention strategies, such as offering competitive salaries and career advancement opportunities, are essential to maintain a robust dietetic workforce.

Importantly, awareness and acceptance of the importance of preventive nutrition among both healthcare providers and the public are limited, hindering widespread implementation of vital preventative measures in diet-related conditions such as type-2 diabetes. Behavioural change is a critical challenge accompanying this; as encouraging individuals to adopt healthier lifestyles requires sustained effort and support. For instance, a study highlighted that integrating dietitians into primary care teams led to improved patient outcomes and cost savings. Research by the BDA found that

during a 6 month period a dietitian in primary care (GP practice) resulted in oral nutritional supplement prescription changes instigated by the dietitian in just 27 patients resulted in a cost saving of £15,379 a model of working that could save the NHS vast amounts if widely adopted in the 6,000 plus GP practices in England (BDA, 2023).

Enabling the dietetic workforce to shift care from treatment to prevention in the United Kingdom involves a multifaceted approach, supported by policy and funding initiatives. Policy and funding support are crucial, with the government increasingly recognising the cost-effectiveness of preventive healthcare; for instance, every £1 spent on public health interventions is estimated to save £14 in healthcare costs. The Major Health Conditions strategy, with a focus on diet-related conditions was shelved by the previous government, for this to be renewed, with our value within such a strategy recognised will strengthen our efforts to improve public health.

### **Health Inequalities:**

Health inequalities also play a significant role, with people in the most deprived areas of England experiencing up to 19 fewer years of healthy life expectancy compared to those in the least deprived areas. Dietitians can play a crucial role in addressing health inequalities in the United Kingdom by implementing several strategies. Firstly, they can advocate for and participate in community-based programs that provide nutrition education and support to underserved populations. For example, dietitians can work with local food banks to offer cooking classes and nutritional advice, helping to improve diet quality among low-income families (Johnstone, 2023). Additionally, dietitians can collaborate with schools to ensure that children receive healthy meals and learn about nutrition from an early age, which can have long-term positive effects on their health (EFAD, 2022).

Training and education within this area of public health are also vital. The dietetic workforce should receive ongoing training on cultural competence and the social determinants of health to better understand and address the unique needs of diverse populations (Vanderwall, 2022). By raising awareness about the importance of preventive nutrition and advocating for systemic changes, dietitians can help to reduce health inequalities and improve overall public health.

Overall, these enablers create a supportive environment for dietitians to focus on prevention, ultimately leading to better health outcomes and reduced healthcare costs.

### **QUESTION FIVE: YOUR POLICY IDEAS AND THEIR TIMEFRAMES:**

#### **SHORT-TERM:**

- **Strengthen Dietetic/AHP leadership:**
  - Stronger leadership representation of dietitians within the higher levels of the NHS would ensure that nutritional care is prioritised and integrated into patient treatment plans more effectively. This leadership would advocate for the importance of diet in overall health, drive policy changes, and promote interdisciplinary collaboration, ultimately leading to improved patient outcomes and a more holistic approach to healthcare.
  - Ensure that there is a dedicated chief Allied Health Profession (AHP) leadership and profession specific AHP leads for any employed professions within every NHS provider organisation or trust within Integrated Care Systems (ICSs).
  - Establishing and recognising senior AHP leadership with ICSs.
  - Position AHP directors as counterparts to Medical and Nursing Directors, ensuring AHP perspectives are represented at the highest levels of decision-making.

- **Workforce planning:**
  - Implement a comprehensive and credible workforce plan following next Summer's review of the NHS long-term workforce plan. It should embed the dietetic workforce into community settings, and show a change in culture when thinking about who can deliver prevention and interventions, rather than sticking to conventional methods.
- **Retention strategies:**
  - Change and recruitment are wholly important but so too is keeping the workforce already committed to dietetic practice and support. There is a pressing need to retain those workers who are experiencing pressure, and disillusioned. Sincere plans to create strategies based on fair pay, better conditions, continued professional development and leadership for the dietetic workforce are needed in the short-term.

#### **MEDIUM TERM:**

- **Public Awareness and accessibility:**
  - The first step is recruiting and retaining more to the dietetic workforce. The next is to make the public aware of them. Public awareness campaigns highlighting the scope of services that dietitians can provide and how to access, or refer into them.
  - Develop and launch reliable health information created by dietitians around diets, nutrition and diet-related conditions in both digital and non-digital formats, tailored to the accessibility and diversity needs of the populus.
  - Implement programs ran by dietitians within communities and educational institutions to teach self-help and prevention strategies, aiming to teach a mindset shift and equip people with the tools to manage challenges with their diet and health proactively leading to better health outcomes, relieved pressure and cost-savings on the NHS.
- **Independent Prescribing Rights:**

Dietitians and other Allied Health Professionals (AHPs) have consistently shown through supplementary prescribing rights that we can be trusted with independent prescribing rights. By not providing independent prescribing rights for UK dietitians, we are adding unnecessary layers of bureaucracy onto an already overstretched NHS, and slowing down the care and service transformation that patients need. Independent prescribing rights are needed to enable advanced clinical practice dietitians to practise at the top end of their license and deliver the best possible care for patients. This would help provide services with better support and more timely care for patients, improved patient safety, reduced pressure on other professionals and increased system efficiency.
- **National Food System Strategy:** It is estimated that the cost of unhealthy eating habits on society is up to £286billion, far exceeding NHS budgets and spending. Far from keeping us healthy our current food system is making us sick, increased consumption of foods that are high in fat, sugar and salt are having a devastating effect on the planet, and human health. Research shows that the NHS is spending £67.5billion on tackling diseases linked to diet and if this continues it is likely that by 2035 the cost of these treatments will be more than all cancers combined. The other £167billion is the cost in productivity of people with sickness at work (£116.4billion) and the remaining a 'human cost' of £60billion to tackle ailments such as chronic pain and early mortality. While efforts already taken by the Government are promising such as, reforms in junk-food advertising and review of the sugar tax, the development of a food strategy that takes a comprehensive and holistic approach to the food system, tackling nutrition and public health, nature-positive production and equitable food

access for all. Dietitians and their professional body should be involved in these conversations by default as one of the only professions to solely work with food, nutrition and its effects.

#### **LONGER TERM:**

##### **- Policy and Advocacy:**

- The dietetic workforce should be represented within relevant care, food, and health policy making. Ensuring the dietetic working have a place in policy-making can advocate unique and expert perspectives on aspects of diet, food production and services and diet-related conditions.
- Develop health inequality initiatives aimed at reducing health inequalities, with the dietetic workforce playing a key role in delivering these programs within communities, underpinned by the dietetic strength in public health.

##### **- Improvement in dietetic management in specialities:**

Allowing dietitians greater management and leadership of diet-related specialty conditions within the NHS would bring significant value, enhance leadership, and result in substantial cost savings. Dietitians possess specialised knowledge and experience that can lead to more effective management of conditions such as those listed below. Empowering dietitians in this way fosters a more integrated and efficient healthcare system, ultimately benefiting both patients and the NHS.

- **Diabetes Management:** As evidenced in question one of this consultation dietitians are essential in the prevention, treatment and management of diabetes. They provide dietary advice and support to help patients control their blood sugar levels, reduce complications, and improve overall health. Their involvement can lead to better weight management and improved diet quality.
- **Weight Management:** With over 60% of the population in England being overweight or obese, dietitians play a vital role in weight management programs. They offer personalised dietary plans and support to help patients achieve and maintain a healthy weight, reducing the risk of related conditions such as heart disease and type 2 diabetes.
- **Gastrointestinal Health:** Dietitians diagnose and manage conditions like irritable bowel syndrome (IBS) and food allergies to name a few. By providing dietary modifications and education, they can significantly improve patients' symptoms and quality of life, reducing the need for GP consultations.
- **Malnutrition and Older Persons Care:** Currently the NHS is spending over £209 million per year on nutritional supplements in order to treat malnutrition, the majority of this is used in over 65's for frailty rather than short supportive interventions with ONS. Dietitians and other health professionals should be intervening preventatively to have conversations with adults as they age to prevent malnutrition rather than over treating them. Malnutrition causes significant impacts on health usage in the UK ; with the overall cost of malnutrition in England is estimated to be £22.6 billion and that the difference in cost to the healthcare system between a malnourished person (£10,965) and a non-malnourished person (£3,190) is £7,775. (Elia, 2015).



- **These are just a few specialties; we would welcome the chance to engage further and highlight our thorough and far-reaching value.**

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