BDA The Association of UK Dietitians

First Contact Dietitians Specialist Group

REVIEW OF CURRENT DATA OUTCOMES IN PRIMARY CARE

Presented by Kim Bowra and Rebecca Revell

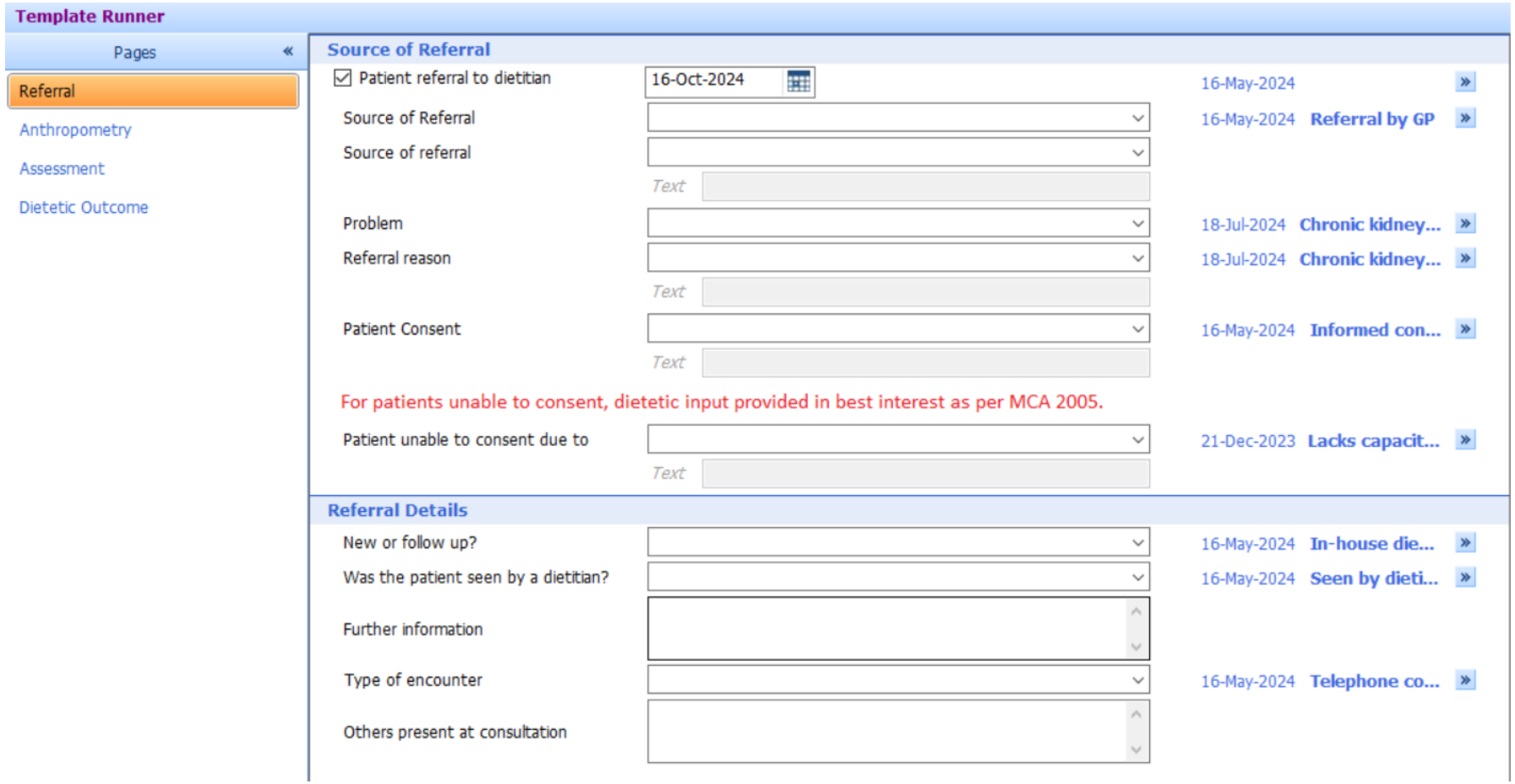
CAPTURING A COMMON DATA SET

- We need to capture data on the First Contact Practitioners (FCP) and First Contact Dietitians (FCD) to enable the impact of these roles to be clearly measured and evaluated.
- Limited guidance available on what we should be collecting:
  - A focus on qualitative and quantitative data.
  - Consider system level and GP impact.
- Many of us have been keeping some data locally, but not regionally/ nationally/ UK wide.
- To be successful and sustainable in providing data, we need to be able to use fully integrated reports within our electronic health systems.

PDSA

- EMIS FCD template developed which includes relevant codes that can be reported on.
- Can use EMIS template for standardised documentation or just for data collation.
- Note/limited by the codes available and the functionality of EMIS.
- Can then pool and analyse the reports in order to gain a handle on FCD national activity and impact.
- PDSA cycle- this is the third run, in which the template was tweaked based on feedback and significant modifications were made on the report, to improve the readability and analysis.
- Recruitment of 5 centres and 4.6WTE FCDs (6 people), tested in a 3 month period

A LOOK AT THE TEMPLATE



Anthropometry

Body weight	kg	18-Jul-2024 **75 kg**	»
Standing height	cm	18-Jul-2024 **160 cm**	»
Body Mass Index	Calculate	18-Jul-2024 **29.3 kg/m2**	»
Body mass index for age percentile		No previous entry	
	Text		
Weight history		16-May-2024 **Weight decr...**	»
	Text		
Percentage weight loss	%	No previous entry	
Nutritional screening tools:			
Ulna length			
Waist circumference	cm	25-Jan-2023 **38 cm**	»
Mid upper arm circumference	cm	25-Jan-2023 **19 cm**	»
	Laterality		
	Add qualifier		
Grip strength of left hand	kg	25-Jan-2023 **10 kg**	»
Grip strength of right hand	kg	25-Jan-2023 **18 kg**	»
Further Information			

Assessment

Medical History/Relevant EMIS History

Relevant current clinical info:

Flagged Symptoms

Red flags may be various (inc medical- objective, subjective, dietetic, social- safeguarding) and will require escalation.

Red Flag Information

Physical examination info:

O/E - blood pressure reading / — 18-Jul-2024 **128/86 mmHg**

Standing blood pressure reading / — 16-May-2024 **130/85 mmHg**

Pulse rate beats/min — 04-Oct-2024 **112 beats/min**

Text

☐ Blood pressure procedure declined — 16-May-2024

Baseline SpO2 (oxygen saturation at periphery) % — 16-May-2024 **97 %**

Text

Respiratory rate /minute — 04-Oct-2024 **48 /minute**

Tympanic temperature degrees C — 04-Oct-2024 **36.7 degrees C**

Abdo examination:

Dietic Outcome

Dietetic Impression

16-May-2024 **Medium risk ...**

Text

Dietetic impression:

PASS statement

Dietetic outcomes and goals: drop down, select as many as relevant.

Proposed outcome and goal

16-May-2024 **Dietetic goal ...**

Proposed outcome and goal

Dietetic patient recommendations: if entry required, please tick the box and then select from any of the various suggestions below.

☐ Dietetic education:

Action plan DM, wt mgt, heart health

16-May-2024 **Dietary educ...**

Action plan Nutrition Support

16-May-2024 **Dietary man...**

Action plan gastro

16-May-2024 **Dietary educ...**

Action plan paeds

16-May-2024 **Dietary man...**

Action plan - general:

18-Jul-2024 **Education abo...**

Further Information

Referrals to:

16-May-2024 **Referral to d...**

Plan

FCP actions: if you have taken FCP actions, please tick the box and then select from any of the various suggestions below.

☐ FCP actions:

OUR DATA SET

- Patient demographics- age, gender
- Dietetic activity- numbers, consultation type, new versus follow-up
- Referral- referrer details, referral reason (+/- roadmap areas),
- FCP action
- Goal setting and achievement

Age	Gender	New versus Follow-up	Referral from	Reason for referral	Location	Goal acheived	FCP action
78	Female	In-house dietetics first appointment	Self-referral	Nutritional assessment	Home visit	Goal agreed	NA
72	Male	In-house dietetics first appointment	Referral by Paramedic	Nutritional assessment	Telephone consultation	Goal agreed	NA
75	Female	In-house dietetics first appointment	Follow-up	Low Cholesterol Diet Education	Telephone consultation	Goal agreed	NA
84	Male	In-house dietetics Follow-up appointment	Follow-up	Nutritional assessment	Telephone consultation	Goal achieved	NA
73	Female	In-house dietetics Follow-up appointment	Follow-up	Gastrointestinal symptom	Telephone consultation	Goal achieved	NA
75	Female	In-house dietetics first appointment	Referred by GP	Nutritional assessment	Home visit	Goal agreed	NA
86	Female	In-house dietetics first appointment	Referral by Paramedic	Nutritional assessment	Home visit	Goal agreed	NA
82	Male	In-house dietetics Follow-up appointment	Follow-up	Nutritional assessment	Telephone consultation	Goal achieved	Informing patient of diagnosis
68	Female	In-house dietetics first appointment	Referred by GP	Gastrointestinal symptom	Seen in dietician clinic	Goal agreed	Assessment by multidisciplinary team
31	Male	In-house dietetics Follow-up appointment	Follow-up	Gastrointestinal symptom	Telephone consultation	Goal achieved	NA
93	Male	In-house dietetics first appointment	Referred by GP	Nutritional assessment	Telephone consultation	Goal achieved	NA
62	Male	In-house dietetics first appointment	Referred by GP	Nutritional assessment	Administrative reason for encounter	Goal not achieved	Discussed with doctor

SNAPSHOT OF RESULTS

- 6 dietitians/4.6WTE across 5 centres, 3 months (summer)
- 934 patients: 643 female, 291male. Equates to 203 patients/1.0WTE
- Age range 9-101, average 58
- News 379 and reviews 555
- Referrals- 60% from GP, 22% from patient, 0.5% secondary care, remainder from MDT
- Location- 52% telephone, 42% clinic, 2% homevisit, 3% groups, remainder admin
- Referral reason in line with 5 roadmap areas- Frailty (23%), Wt mgt (41%), Diabetes (5%), Paeds (0.5%), Gastro (18%)
- Other referral reasons- 7.5%'Nutritional ax', 2% Cholesterol, 3% Education
- 2025 v 2024 data (n=278)- Wt mgt (up-29%), Frailty (down- 7%), Gastro (down 13%), Diabetes (down 5%), Paeds (1%), 'Other' similar.

FCP ACTIONS

- FCP actions =409 total,89 per 1.0WTE, 44% of contacts (last run 41%)
- Of these actions:
  - Instigated blood, faecal, tests- 18%
  - Physical exam-1%
  - Medication action- 59%
  - MDT, onward referral- 11%
  - GP escalation- 9%
  - Diagnosis support 2%

- Goals completed (n=77):
  - 78% achieved the goals set, 14% partially achieved goal, 8% not achieved

FUTURE THOUGHTS

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- Time to share the template and report for FCD's/PCN Dietitians using EMIS
- Local and national data run, analysis, working with Plymouth university
- Other considerations:
  - Qualitative data –FFT
  - Considering DNA/CNA/clinic utilisation
  - Clinical outcomes- focused, validated symptom scores, impact on GPs, Use of BDA research forum
  - Keep talking to other FCPs re-data collection
- Systm One- Approach BDA funding bid, any volunteers?

N=934

QTR 2

Dietitians= 5 centres, WTE

Demographics	Male	291	Female	643												
Referrals	New	379	Follow-up	555												
Referrers	GP	228	Nurse	33	Dietitian	2	MDT	30	Secondary	1	Self	85	Follow-up	555		
Referral reason	Gastro	167	Diabetes	50	Nutritional ax	78	Wt loss/Bariatric	382	Oral nutritional supplement	212	Education	28	Cholesterol	17		
Location	Tel	486	Homevisit	13	Clinic	397	Group	26	Admin	12						
Goal	Agreed	857	Achieved	60	Partially agreed	11	Not agreed	6								
FCP action	Medication support	241	Diagnosis support	7	Observation/examination	3	Blood/stool/urine test/CBG monitoring	75	Referral- MDT, onward	47	GP	36	NA	525		