BDA response to the NHS 10-year workforce call for evidence

Section 1: the shifts

1. **Digital Innovations Enhancing Dietetic Care**

Virtual Nutrition Clinics & Remote Consultations:
The expansion of virtual services has significantly improved access to dietetic care, especially for individuals managing chronic conditions such as diabetes, irritable bowel syndrome (IBS), and cardiovascular disease. These virtual platforms enable timely, personalised nutrition support regardless of geographic location, reducing barriers to care and enhancing continuity. In Moray the positive impact of integrating dietitian support into a digitally-enabled service model for type 2 diabetes risk reduction. A brief 10-minute dietitian call, offered alongside the 'Prevent the Progress of Diabetes app', was widely accepted and proved valuable in guiding service users through the app, providing tailored referrals, and boosting motivation.

SOURCE: Moray accelerator: https://strathprints.strath.ac.uk/91677/7/Brogan-etal-DHI-2025-Developing-a-digitally-enabled-universal-service-model.pdf

Digital Food Tracking & Engagement Tools
The integration of mobile apps and online platforms for food logging and dietary monitoring has empowered service users to take a more active role in their nutritional health. These tools facilitate real-time feedback, goal tracking, and improved communication between service users and dietitians. As a result, clinics have observed reductions in missed appointments (Did Not Attend – DNA rates) and improvements in clinical outcomes through better adherence and self-management.

2. **Shift from Hospital to Community-Based Care:**

Dietitians in Primary Care Networks (PCNs):
Dietitians are increasingly integrated into PCNs, where they play a pivotal role in multidisciplinary teams. Their presence enables earlier identification and management of nutritional issues, such as malnutrition in older adults and obesity in younger populations. By providing tailored dietary advice, conducting nutritional assessments, and supporting behaviour change, dietitians help prevent the escalation of chronic conditions. This proactive approach reduces the need for hospital admissions related to nutrition-related complications, such as pressure ulcers, frailty, and type 2 diabetes. Additionally, dietitians contribute to capacity building by training other healthcare professionals in basic nutrition care, further embedding preventative strategies within primary care. Examples from practice include savings of up to £641,000 per 100,000 population through embedding robust dietetic led malnutrition pathways.

Further examples:
The BAPEN/NIHR Southampton analysis (2015) found the cost of malnutrition to be over £19.6bn per annum—more than 15% of total NHS and social care expenditure. Investment in dietitian-led interventions, implementing NICE guidelines, creates both patient-centred and system-level cost savings: nutritional interventions resulted in savings exceeding their costs, with projected net savings per 100,000 population between £119,000 and £432,000 (2024 prices).

The BDA Plymouth study found that Band 7 dietitians reviewing 27 patients' ONS prescriptions in a PCN setting led to annual savings of £15,795, exceeding the cost of employing the dietitian and demonstrating direct value-based healthcare in action.
Dietitian-led reviews contribute to reduced unnecessary prescribing, readmission avoidance, hospital admission reduction (/62%), and shortening average length of stay (/67%), with all cost savings exceeding service investment costs.

SOURCES:
Evidence from Practice - BDA

https://tinyurl.com/y4kubrns

https://www.bapen.org.uk/pdfs/economic-report-short.pdf

https://uploads.bsna.co.uk/production/publications/file/BSNA-Cost-Saving-and-Cost-Effectiveness.pdf?dm=1681999170
https://assets.practice365.co.uk/wp-content/uploads/sites/1820/2024/05/Dietitian-Case-Study.pdf

https://uploads.bsna.co.uk/production/publications/file/BSNA-Cost-Saving-and-Cost-Effectiveness.pdf?dm=1681999170

Community-Based Weight Management and Diabetes Prevention Programmes:
These programmes, often delivered in collaboration with local authorities and voluntary sector organisations, offer accessible, culturally sensitive support for individuals at risk of obesity and type 2 diabetes. They typically include structured education, physical activity guidance, and behavioural coaching. Evidence shows that participants experience improved glycaemic control, weight loss, and enhanced quality of life. By addressing risk factors in community settings, these programmes reduce the burden on acute services, such as emergency departments and in service user care, and contribute to long-term cost savings for the healthcare system. Furthermore, they help tackle health inequalities by reaching underserved populations who may face barriers to accessing traditional healthcare services.

3. **Preventative Care Services:**

Nutrition Education in Community Settings
The delivery of nutrition education by dietitians in schools, care homes, and community centres plays a vital role in addressing food insecurity and reducing health inequalities. These programmes equip individuals and families with the knowledge and skills to make healthier food choices within limited budgets, while also fostering long-term behaviour change.

- In schools, dietitians have supported curriculum-linked food education and healthy eating initiatives, improving dietary habits among children and young adults.
- In care homes, targeted interventions have reduced malnutrition risk among older adults, residents showing improved nutritional status following dietetic input.

These efforts directly support the NHS's prevention agenda and contribute to narrowing the gap in diet-related health outcomes across socioeconomic groups.

SOURCES:
Care Home Digest - BDA
Extend free school meal provision to all primary school children - BDA

Malnutrition Screening and Early Intervention:
Malnutrition is responsible for increasing hospital admissions by up to 30%. Dietitians are central to identifying and managing malnutrition in vulnerable populations. Educating those in primary care such as GPs and nurses to use validated tools such as the Malnutrition Universal Screening Tool (MUST), they assess risk, initiate tailored nutrition care plans, and coordinate with multidisciplinary teams to prevent deterioration.

SOURCES:
Malnutrition - BDA

4. **Critical Roles and Skills**

To meet the demands of changing care models, workforce resilience is critical. Protected funding for continuing professional development (CPD) offers a high-return investment, enabling the rapid upskilling of the dietetic workforce to deliver advanced, integrated care. The BDA is at the forefront of this effort, offering responsive, specialised CPD programmes through its Centre for Education and Development (CED). These programmes support dietitians, support workers, and multi-professional teams, ensuring the workforce remains agile, fit for the future, and equipped to embrace digital transformation in areas such as virtual care, and personalised nutrition.
With year-on-year growth in dietetic learner numbers—via undergraduate, postgraduate, and apprenticeship routes—the profession is cultivating a strong supply pipeline. The BDA's ability to develop and deliver education at pace ensures that the curriculum remains aligned with future healthcare needs. Preceptorships, common assessment frameworks, and neighbourhood-focused practice-based learning further reinforce the profession's readiness to lead in prevention, early intervention, and community-centred care—and embracing the shift from analogue to digital.

SOURCES:
Dietetic Career Framework - BDA
Roles and Responsibilities Guidance - BDA
A digital vision for the dietetic workforce - BDA
BDA-Digital-VisionFINAL.pdf

5. **Barriers and obstacles:**

The full potential of these services is being constrained by the current state of NHS IT infrastructure. Rather than acting as an enabler, fragmented digital systems often serve as a barrier to integrated, efficient care. Dietitians and other AHPs routinely face challenges such as:

- **Lack of interoperability** between primary, secondary, and community care records prevents seamless sharing of nutrition care plans, delaying interventions and duplicating assessments.
- **Limited access to real-time data** restricts the ability to identify at-risk individuals early — particularly in vulnerable populations where malnutrition and food insecurity are underreported.
- **Cumbersome documentation platforms** reduce clinical time and increase administrative burden, undermining productivity and staff morale.
- **Lack of awareness from other professions**: many medical professionals lack awareness of the full scope and value of dietitians and other Allied Health Professionals (AHPs), often restricting their involvement in areas like gastroenterology, diabetes care, and chronic disease pathways; this gatekeeping limits early intervention opportunities, delays referrals, and overlooks the proven impact of dietetic expertise on patient outcomes, cost savings, and preventative care; all compounded by structural hierarchies and underrepresentation in leadership and commissioning roles.
- **Prevention funding and incentivisation**: preventative healthcare is often underfunded and poorly incentivised, leading to a system where conditions like heart disease are routinely managed with medication rather than prioritising diet and lifestyle interventions that could address root causes and improve long-term outcomes

Section 2: workforce modelling

Traditional workforce models in dietetics have primarily aimed to maintain existing service levels within acute care settings. While this has provided valuable support for complex nutritional needs, it is becoming less aligned with the NHS's evolving strategic priorities, which increasingly emphasise proactive and preventative approaches. As the health system pivots toward prevention, digital innovation, and community-based care, future workforce modelling must reflect the evolving role of dietitians across the continuum of care.

1. From Hospital-Based to Community-Led Care:

Dietitians are critical to shifting care upstream, identifying risk early, managing long-term conditions, and reducing avoidable admissions. In community settings, they support service users with diabetes, cardiovascular disease, gastrointestinal disorders, and age-related malnutrition through tailored interventions that improve outcomes and reduce reliance on acute services.

- This transition demands a realignment of dietetic roles from hospital wards to primary care networks, integrated care systems, and local authority partnerships.
- Workforce modelling must account for increased demand in domestic visits, care home support, and community clinics, particularly in areas of high deprivation.
- CURRENT EXAMPLE: Waiting times are up to 30 weeks for urgent and 65 weeks for routine hospital appointments at Royal Surrey. These lead to a decline in patients health and additional GP appointments. Dietetic-led IBS pathways have reduced waiting times from 32 to 20 weeks.

2. A Digital-First NHS

Dietitians are increasingly delivering care through virtual platforms, enabling flexible, service user-centred support that transcends geographic and mobility barriers. Digital tools, including AI-supported dietary analysis, remote monitoring, and self-management apps are enhancing efficiency and empowering service users to take control of their health.

- Future modelling must incorporate digital competencies as core skills, and plan for hybrid service delivery models that blend in-person and virtual care.
- Deployment strategies should reflect the need for digital infrastructure, training, and support roles that enable dietitians to operate effectively in tech-enabled environments.

3. A Prevention-Focused System

Dietitians are uniquely positioned to lead population health initiatives that address obesity, malnutrition, and food insecurity, particularly in underserved communities. Their expertise in behaviour change, public health nutrition, and culturally tailored interventions makes them essential to reducing health inequalities and improving long-term outcomes.

- Workforce planning must expand capacity for public health dietitians and embed nutrition leadership within local health strategies.
- Skill mix assumptions should include advanced practice roles, community engagement expertise, and cross-sector collaboration capabilities.

Strategic Recalibration Required

To deliver on these ambitions, modelling must move beyond static headcounts and embrace dynamic, needs-based planning. This includes:

- **Rebalancing workforce distribution** across settings and sectors

- **Expanding training pathways** to reflect emerging roles and technologies
- **Investing in digital readiness** and infrastructure
- **Embedding prevention and equity** as core pillars of service redesign

Dietitians are ready to lead in a transformed NHS but the workforce must be built to match the scale and scope of their potential. Strategic recalibration is not optional; it is essential to delivering a resilient, future-ready health system. Dietitians are not ancillary, they are essential to delivering a sustainable, equitable, and prevention-led NHS. Workforce modelling must reflect this by investing in dietetic capacity, modernising training, and embedding the profession across all levels of care. The future NHS needs a dietetic workforce that is digitally fluent, community-focused, and empowered to lead.

Section 3: productivity

Dietitians are delivering measurable productivity gains across the NHS by leveraging digital tools, expanding community-based care, and adapting to evolving service user needs. UK evidence confirms these interventions are improving outcomes and reducing system pressure.

1. Digital Initiatives Enhancing Productivity

Dietitians have embraced digital transformation to deliver more efficient, accessible care:

- **Virtual Dietetic Clinics**: Remote consultations via NHS platforms have reduced travel time and improved appointment adherence. In one Integrated Care System (ICS), virtual diabetes nutrition education led to a 30% reduction in Did Not Attend (DNA) rates and measurable improvements in HbA1c levels among participants British Dietetic Association (BDA).
- **Digital Nutrition Tools**: AI-supported dietary tracking apps and online group education programmes have enabled service users to self-manage conditions such as IBS and obesity. These tools reduce reliance on face-to-face appointments and free up clinician time for complex cases
- **Single Sign-On Systems**: Integration of dietetic records into shared care platforms has streamlined multidisciplinary team (MDT) communication. This reduces duplication, improves continuity of care, and lowers administrative burden — a key goal of the NHS Digital Productivity Programme.

2. Addressing Training Gaps

To support new models of care, dietetic education and professional development have evolved:

- **Pre-registration Reform**: UK Higher Education Institutions (HEIs) have expanded practice-based learning into community and digital settings. New modules now cover digital health, behaviour change, and population nutrition, preparing learners for modern service delivery

SOURCE: Dietetic Career Framework - BDA

- **Post-registration Upskilling**: CPD programmes now include training in virtual consultation delivery, culturally competent care, and digital literacy. These have improved practitioner confidence and efficiency in remote service provision, aligning with NHS workforce transformation goals

3. Community Engagement and Access

Dietitians are leading local initiatives that improve access and reduce health inequalities:

- **Local Nutrition Hubs**: In collaboration with local authorities, dietitians have delivered food skills programmes, malnutrition screening, and culturally tailored nutrition support in schools and community centres. These hubs have increased engagement in areas with high deprivation and food insecurity British Dietetic Association (BDA).

- **Widening Access**: Targeted interventions have improved uptake of Healthy Start vouchers, particularly among families with young children. In some regions, this has contributed to a reduction in malnutrition risk and improved dietary diversity among low-income households. Healthy Start Briefing April 2025 FF and FSNT.pdf

4. Adapting to Changing Service user Expectations

Dietitians are responding to rising demand for personalised, flexible care:

- **Digital Empowerment**: Service users increasingly expect on-demand support. Dietitians have responded with asynchronous messaging, tailored digital resources, and self-management platforms, improving satisfaction and adherence
SOURCE: BDA-Digital-VisionFINAL.pdf

- **Workforce Planning Adjustments**: Services have reallocated staff to virtual roles, expanded group-based education, and introduced triage models to prioritise high-risk service users. These changes have improved productivity and reduced waiting times for specialist input British Dietetic Association (BDA).

Conclusion

Dietitians are not only improving productivity, but they are also reshaping how care is delivered. UK evidence shows that digital innovation, community engagement, and workforce reform are driving better outcomes and more efficient services. To sustain these gains, policymakers must:

- Invest in interoperable digital infrastructure
- Expand dietetic training and leadership pathways
- Support community-based nutrition initiatives
- Embed dietitians in strategic planning across ICSs

Sources:
Food Foundation (2025): Healthy Start Briefing April 2025 FF and FSNT.pdf

British Dietetic Association (BDA)British Dietetic Association – NHS Long Term Plan Delivery

Section 4: culture and values

Embedding Values Through Dietetic Practice: Policy Interventions Driving Cultural Transformation

The NHS's ambition to foster a values-driven culture, one that prioritises compassion, equity, and excellence is fundamental to delivering high-quality care. Dietitians, as regulated healthcare professionals working across clinical, community, and public health settings, are uniquely positioned to lead this transformation. Their work not only improves nutritional outcomes but also strengthens the cultural fabric of care delivery by promoting dignity, inclusion, and proactive health management.

1. Nutrition and Hydration Policies

Robust nutrition and hydration policies are a cornerstone of values-based care. When implemented effectively, they ensure that service users receive safe, appropriate, and person-centred nutritional support, particularly in hospitals, care homes, and long-term care settings. Dietitians play a vital role in shaping national food strategy and policy by translating nutritional science into practical guidance that promotes public health and equitable access to healthier food for people and the planet.

SOURCES:

The Nutrition and Hydration Digest 3rd Edition - BDA

One Blue Dot - Sustainable Diets - BDA

Key Policy Interventions:

- **Mandatory nutrition standards** in NHS contracts, School Food standards and CQC inspections, ensuring consistent quality across providers.
- **Protected mealtimes** and staff training on nutrition awareness, reinforcing the importance of food as part of clinical care.
- **Hydration protocols** for older adults and those with cognitive impairments, reducing risk of delirium, urinary tract infections, and falls and more.
- **Dietetic involvement:** dietitians are central to key policy interventions such as obesity prevention strategies, school food standards, diabetes care pathways, and malnutrition screening in care settings—ensuring that nutrition is embedded in public health and clinical decision-making.

Impact:

- Improved service user recovery rates and reduced length of stay.
- Enhanced staff morale through clearer care protocols and reduced ambiguity in nutritional responsibilities.
- Greater alignment with NHS values of dignity, respect, and person-centred care.

2. Malnutrition Screening Initiatives

Malnutrition remains a silent but widespread issue, particularly among older adults, those with chronic conditions, and individuals experiencing food insecurity. Embedding routine screening into frontline services is a proactive, values-driven approach that prioritises prevention and equity.

Key Policy Interventions:

- **National adoption of the Malnutrition Universal Screening Tool (MUST)** across community and acute settings.
- **Inclusion of nutrition risk in NHS Health Checks** and long-term condition reviews.
- **Commissioning guidance** that mandates nutrition screening as part of integrated care pathways.

Impact:

- Early identification of at-risk individuals, enabling timely dietetic intervention.
- Reduction in avoidable hospital admissions and complications related to undernutrition.

- Empowerment of non-dietetic staff (e.g., nurses, carers) to act confidently on nutrition concerns, fostering a collaborative culture.

Workforce Wellbeing and Cultural Benefits

These policy interventions do more than improve clinical outcomes — they reshape the working environment:

- **Reduced reactive workload**: Early screening and standardised protocols prevent crisis-driven care, allowing staff to focus on therapeutic engagement.
- **Improved interdisciplinary collaboration**: Clear nutrition pathways enhance communication between dietitians, nurses, GPs, and social care teams.
- **Greater professional satisfaction**: Dietitians report increased impact and visibility when supported by system-wide policies that recognise nutrition as essential to health.

Leadership Development

Senior dietitians are increasingly stepping into strategic roles within Integrated Care Systems (ICSs), where they champion:

- **Prevention-first approaches**, embedding nutrition into population health strategies.
- **Equity in access**, ensuring services reach marginalised groups through targeted commissioning and outreach.
- **Service user voice**, co-designing services with communities to reflect lived experience and local need.

Policy interventions that have supported this shift include:

- **Inclusion of AHPs in ICS governance structures**, with designated leadership roles for public health and community nutrition.
- **Funding for leadership fellowships and system-level CPD**, enabling dietitians to build strategic capabilities.
- **National frameworks for values-based recruitment**, such as the NHS People Promise, which dietetic teams have adapted locally.

Conclusion and Recommendations

To embed a values-driven culture across the NHS, policymakers should:

1. **Mandate nutrition and hydration standards** in all care settings, with clear accountability frameworks.
2. **Expand malnutrition screening policies** to include all vulnerable populations, supported by training and digital tools.
3. **Integrate dietitians into strategic leadership roles** within ICSs to ensure nutrition is embedded in system-wide planning.
4. **Monitor and evaluate cultural outcomes**, including staff wellbeing, service user dignity, and equity of access to nutrition care.

Dietitians are not only improving health — they are shaping the culture of care. Policy must reflect their central role in building a compassionate, inclusive, and prevention-focused NHS.

Section 5: final comments

Please note, several dietetic specialties have made submissions and we fully support all BDA submissions.

Dietetics is one of the NHS's most powerful yet underutilised tools for prevention, recovery, and long-term health. Dietitians don't just advise on food—they transform lives. Their expertise helps people manage chronic conditions, avoid hospital admissions, and regain independence. In a system under immense pressure, dietitians offer a lifeline: every £1 invested in dietetic care can save up to £13 in downstream costs. That's fewer GP visits, fewer medications, fewer beds occupied, 18 week waiting time targets hit. From diabetes remission to malnutrition screening, dietitians deliver measurable impact across primary, secondary, and community care. They are also key players in public health policy—shaping school food standards, obesity strategies, and equitable access to nutrition. Yet their workforce remains stretched and undervalued. If we are serious about prevention, about levelling up health outcomes, and about building a sustainable NHS, we must invest in dietetics. This is not just a clinical imperative—it's an economic one. Empowering dietitians means unlocking savings, improving lives, and delivering on the NHS's promise of care that is proactive, personalised, and fair.

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